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OTHER MEDICAL PERSONNEL IN NORTH CAROLINA

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Report No. 10

REPORT ON  
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## Introduction

This Commission was directed by an unnumbered House Resolution, adopted on June 11, 1965, "to study matters relating to the current shortages existing in technical or professional personnel in the field of medical services and the projected needs of the State in this field." (Appendix B) The study was to include information regarding nursing programs, medical records technicians, and other health career programs.

A subcommittee of the Commission, composed of Senators Seay and Mills, was appointed and after preliminary discussions gave notice of a hearing to all interested groups and individuals. This hearing was held June 28, 1966.

(Appendix D) In its conclusions after the hearing, the subcommittee recognized in particular the shortages of nurses and urged "all of the interested professions, agencies and groups to present a consolidated program mutually agreed upon and supported." (Appendix E) At the meeting of the Commission on August 12, 1966, the subcommittee presented its conclusions and several representatives of the medical and education fields made presentations. It was decided by the Commission to delay any recommendations until the Joint Committee on Nursing Education (which included representatives

from many of the groups which appeared before the subcommittee) had consolidated the various suggestions and presented them to the Commission.

At the meeting of the Commission on December 9, 1966, Senator Seay distributed the report of the Joint Committee on Nursing to the Commission members and presented the recommendations of the subcommittee which was based substantially on the hearings, documents and papers presented, and upon the recommendations of the Joint Committee on Nursing Education.

At its meeting on January 4, 1967, the Commission made the following findings and recommendations.

## Findings

From all the information gathered by the Commission and presented at hearings, it is clear to the Commission that there is at the present time a critical shortage of nursing personnel across the State and that the need for trained and competent nursing personnel will increase over the coming years. Since the shortage of nurses became manifest early in the Commission's work, the prime interest in the inquiries and hearings conducted by the subcommittee, composed of Senators Seay and Mills, was to seek out recommendations for alleviating the shortages and to promote the various groups and associations interested in nursing to work together toward solutions.

There are four different types of nursing education programs which are producing nursing personnel in the State: (a) three-year nursing courses in educational units at hospitals leading to a diploma in nursing, (b) two-year nursing courses in community colleges leading to an associate degree in nursing, (c) four-year nursing courses in senior colleges and universities leading to a baccalaureate degree in nursing, and (d) one-year courses in practical nursing conducted in general hospitals

and educational institutions leading to eligibility for licensure as a Licensed Practical Nurse.(L.P.N.). In addition there are public health nurse programs, advance degree programs and continuing education programs for nurses. It is the conclusion of the Commission that all of these programs should be actively encouraged and expanded within the existing facilities.

Until now no financial support has been given any of the hospital diploma nursing programs by the State. It was found that a very large percentage of the active practicing registered nurses are graduates of diploma programs. Particularly in the rural areas of the State the diploma programs have been relied upon to furnish the needed nursing personnel. There was evidence that the diploma programs are operating with increasing financial burden on the hospital and the patient. It is the conclusion of the Commission that the State should provide financial assistance to these diploma programs in the best interest of all the citizens of the State. Several alternatives for giving aid were considered. Direct payments by the State Board of Education to existing diploma programs based on the number of enrolled students are recommended.

The associate degree programs authorized for the first time in 1963 appear to be an increasing source of

competent nurses for the State. The cost of this program is borne by the general community and is not a financial burden of the hospitals or patients. These programs should be expanded and new schools should be established.

Critical to the expansion of all of the nurse education programs is the availability of qualified instructors. Increased teacher training through the baccalaureate degree programs should be supported.

The practical nurse programs appear to be functioning well. While there is no serious shortage of instructors, lack of clinical facilities has restricted the establishment of new programs in some of the community colleges and technical institutes.

It is evident that the technical institutes are doing a commendable job in providing training programs for related medical personnel: nurse assistants, practical nurses, laboratory assistants, psychiatric aides, ward clerks and medical secretaries. No evidence was found to indicate a shortage of X-ray technicians. All the programs for related medical personnel should be encouraged and supported by the State and should be expanded as the local need arises.

## Recommendations

We recommend:

1. That approval be given to budget requests for all existing types of State-owned nursing education programs.
2. That funds be appropriated to the State Board of Education to provide financial assistance to existing diploma nursing education programs in public and non-profit hospitals. To qualify for such aid a program should be conducted by an educational unit in nursing which is fully accredited by the North Carolina Board of Nursing and which is operated under the authority of a public or non-profit hospital licensed by the North Carolina Medical Care Commission. This aid should be distributed, upon the application of the eligible educational units or hospitals, at the rate of \$300 for each student duly enrolled in the program as of December 1 of the preceding year and on the condition that accreditation is maintained. The State Board of Education should be given the authority to make such reasonable

rules and regulations as are necessary to carry out the aid program and to insure that the aid is used directly for the operation and maintenance of diploma nursing programs and not for religious or other non-public purposes.

3. That financial support of the Scholarship-Loan Fund operated by the Medical Care Commission under G.S. 131-121 for nurses and other students in health services be continued and increased by the General Assembly.

## Appendix A

### Draft of Bill to Provide Financial Assistance to Diploma Nursing Programs.

A BILL TO BE ENTITLED AN ACT TO MAKE AN APPROPRIATION TO THE STATE BOARD OF EDUCATION TO PROVIDE FINANCIAL ASSISTANCE TO HOSPITAL PROGRAMS OF NURSING EDUCATION LEADING TO DIPLOMAS IN NURSING.

The General Assembly of North Carolina do enact:

Section 1. There is hereby appropriated to the State Board of Education from the General Fund of the State the sum of one million two hundred thousand dollars (\$1,200,000) for the 1967-69 biennium to provide financial assistance to hospital programs of nursing education leading to diplomas in nursing. Any of these funds not expended by the Board during the fiscal year ending June 30, 1968, shall be available to the Board for expenditure for this purpose during the fiscal year ending June 30, 1969. To qualify for financial assistance under this Act a program must be conducted by an educational unit in nursing which is fully accredited by the North Carolina Board of Nursing and which is operated under the authority of a public or non-profit hospital licensed by the North Carolina Medical Care Commission. The State Board of Education each year of the biennium shall distribute sums to eligible educational



units in nursing or hospitals, upon their application for financial assistance, on the basis of \$300 for each student duly enrolled in the program as of December 1 of the preceding year and on the condition that accreditation is maintained. The Board may make such reasonable rules and regulations as are necessary to carry out the provisions of this Act and to insure that this financial assistance is used directly for the operation and maintenance of diploma nursing programs and not for religious or other non-public purposes.

Section 2. All laws and clauses of laws in conflict with this Act are hereby repealed.

Section 3. This Act shall become effective on July 1, 1967.

## Appendix B

### HOUSE RESOLUTION

A HOUSE RESOLUTION DIRECTING THE LEGISLATIVE COUNCIL OR ITS SUCCESSOR TO  
STUDY MATTERS RELATIVE TO SHORTAGES IN MEDICAL PROFESSIONS.

Be it resolved by the House of Representatives:

Section 1. The Legislative Council or its successor is hereby directed to study matters relating to the current shortages existing in technical or professional personnel in the field of medical services and the projected needs of the State in this field. The study shall include information regarding nursing programs, medical records technicians, dental hygienists, dental assistants, X-Ray technicians and other health career programs. The findings and recommendations of such study shall be reported to the 1967 General Assembly.

Sec. 2. This Resolution shall become effective upon adoption.

[Adopted by the House of Representatives June 15, 1965.]

## Appendix C

### Conclusions of Subcommittee

All of the information presented at the hearing tended to establish the fact of the growing need for trained and competent personnel in the field of medical services. It is evident that there are at present diverse opinions among the professions and groups involved as to the actions which should be taken by the General Assembly.

The ideal solution would be for all of the interested professions, agencies and groups to present a consolidated program mutually agreed upon and supported. It was indicated to the subcommittee that such an attempt will be made in the near future. It is necessary that this be a consolidated program as individually presented solutions tend to compete against each other. The first recommendation of this subcommittee is that in the event such a proposal is made, it be given immediate and serious consideration.

After hearing all points of view and based upon the fact that approximately 87% of the active practicing registered nurses are graduates of diploma nursing schools, it is recommended that the existing diploma schools be

strengthened. Over the years, these diploma schools have been the backbone of the nurse training facilities and have provided the tremendous majority of working nurses. The small diploma schools in the sparsely populated areas of North Carolina have provided trained registered nurses for those rural communities. The map submitted by Miss Bryant and attached as a part of this report indicates the great shortage of trained personnel in these sparsely populated areas, and to allow these diploma schools to "wither on the vine" is to further increase the shortages in these critical areas. It is the conclusion of this subcommittee that a great part of the financial burden for the training of nurses in the diploma schools should be removed from the hospitals and the patients and placed upon the entire community. The majority of the diploma schools are operating in non-profit hospitals which are maintained by counties and municipalities or are related to the Duke Endowment.

Financial aid to these diploma schools to continue the existence and hopefully to expand their ability to train nurses is clearly indicated. This can best be accomplished by a grant-in-aid appropriated by the State to be distributed by the appropriate agency to the diploma schools on a per student basis. An alternative would be for the appropriate State agency to contract with the

diploma schools for the training of an agreed upon number of students. A further alternative would be for the State to pay through the appropriate agency, the instructors' salaries in the various diploma schools.

All of the evidence presented at the hearing indicated and established that the community colleges and technical institutes are actively striving to train sufficient personnel to supply the need. The associate degree nursing school in the community colleges was only recently established, that is in 1963. Every indication is that graduates of these programs are competent and qualified. It is recommended that the existing facilities for the training of associate degree nurses in the community colleges be expanded and new schools be established. The cost of this program is borne by the general community and is in no way a burden on the hospitals or patients.

It is recommended that a system of expanding scholarships be created and provided by the General Assembly for all students in the diploma nursing schools, associate degree programs, and related medical training courses offered by community colleges and technical institutes. These scholarships should carry the provision that if the recipient upon graduation practices the profession or works in the proper field within the State of North Carolina

for an agreed upon period of time, it will not be necessary that any of the fund be repaid. The baccalaureate degree programs, the public health nurses' programs and the advance degree programs should be expanded within the existing facilities and scholarship funds provided on the same basis as above set out.

It is evident that the technical institutes are doing an excellent job in providing training programs for related medical personnel; that is, nurse assistants, licensed practical nurses, laboratory assistants, psychiatric aides, ward clerks and medical secretaries. These programs should continue and be expanded as the local need arises.

In the event funds become available, the same should be provided by the State through the appropriate agency to the diploma schools to be used for the purpose of securing national accreditation. This recommendation is conditioned upon the federal government making available special funds for the training of nurses only to those institutions with national accreditation.

No evidence or testimony was presented to establish a shortage of x-ray technicians, and it is the opinion herein that the existing facilities for their training are adequate.

The licensed practical nurse program seem to be in good hands, and it is nearly exclusively carried on in the community colleges and technical institutes. Although a shortage in this valuable personnel is indicated, this method of training them is proving satisfactory. No shortage is teacher personnel for the LPN program has been indicated, but a shortage of clinical facilities is indicated and has acted as a deterrent in establishing nursing programs by these institutions. Continued financial support of these institutions for this program should be encouraged and as indicated, the program will be expanded as rapidly as it is practicable.

All sources established very critical shortages of trained and competent personnel to teach in the schools training persons for the related medical professions. The shortage appears to be most critical in the diploma nursing schools. Teacher training through and expansion of the baccalaureate degree programs is highly recommended. This problem is prevalent in all of our neighboring states and no solution is available from their experience.

This study has focused new attention on the shortage of medical personnel. The ultimate success in overcoming this problem will depend upon the cooperative effort made by the professions and groups involved from the resources supplied by the General Assembly.

Appendix D

TO: THE LEGISLATIVE RESEARCH COMMISSION

FROM: SENATOR THOMAS W. SEAY, JR., CHAIRMAN AND SENATOR  
FRED M. MILLS, JR., CO-CHAIRMAN OF THE SUBCOMMITTEE  
APPOINTED TO STUDY THE FOLLOWING RESOLUTION:

A HOUSE RESOLUTION DIRECTING THE LEGISLATIVE COUNCIL OR ITS  
SUCCESSOR TO STUDY MATTERS RELATIVE TO SHORTAGES IN MEDICAL  
PROFESSIONS.

---

REPORT ON THE SHORTAGE OF REGISTERED NURSES, LICENSED PRACTICAL  
NURSES, AND RELATED MEDICAL PERSONNEL

Hearing June 28, 1966.

The following presented oral testimony and written statements:

Dr. W. D. James, Hamlet Hospital, Hamlet, North Carolina

W. C. Harris, Jr., representing the N. C. Board of Nursing

Dr. I. E. Ready, Director, Department of Community Colleges

William F. Henderson, Executive Director, Medical Care Commission

Marion Foster, Executive Director, North Carolina Hospital Assoc.

Mrs. Margaret W. Dolan, Chairman, Legislative Committee,  
N. C. State Nurses' Assoc.

Dr. E. T. Beddingfield, Chairman, Legislative Committee,  
Medical Society of North Carolina

Miss Elizabeth S. Holley, Chief, Public Health Nursing Section  
North Carolina Board of Health

Miss Louise D. Bryant, Executive Secretary to the Joint Committee  
on Nursing Education



The following were either in attendance or made short statements:

John Anderson, representing the Medical Society of North Carolina

George P. Harris, Director, Field Service, The Duke Endowment

John Kerr, Director, Health Careers, Inc.

John Kitner, Assistant to the Executive Secretary, N. C. Hospital Association

Sarah Hitchcock, R. N., Director of Nursing, Rex Hospital,  
Raleigh, North Carolina

Joseph E. Barnes, Director, Rex Hospital, Raleigh, North Carolina

John Moulton, Director, Watts Hospital, Durham, North Carolina

Joan M. Reid, R. N., Director of Nursing Education, Rex Hospital  
Raleigh, North Carolina

George H. Mack, Graduate Program in Hospital Administration,  
Duke University (presently Administration  
Resident, Rex Hospital, Raleigh, North Carolina)

Helen E. Peeler, North Carolina State Nurses' Association,  
Raleigh, North Carolina

Mrs. Marie B. Noell, Executive Director, North Carolina State  
Nurses' Association

Mrs. Frances N. Miller, North Carolina State Nurses' Association

Eun Sul Lee, State Board of Higher Education

John F. Corey, Assistant Director, State Board of Higher Education

Janet M. Proctor, Administrator, Medical Care Commission,  
Student Loan Program

Dr. Fred Hubbard, Chairman, Medical Society's Committee on  
Nursing

Dr. Harry Brockmann, Member of the Medical Society's Committee  
on Nursing

Dr. Sam Holbrook, Member of the Medical Society's Committee  
on Nursing

Dr. Thomas Taylor Member of the Medical Society's Committee  
on Nursing

Miss Miriam Daughtry, Department of Community Colleges, State  
Supervisor Health Occupations.

Miss Carrie Spurgeon, Director, North Carolina Board of Nursing

Mrs. Frank King, North Carolina Board of Nursing

The meeting was called to order, after appropriate notice had been given, on June 28, 1966 at 10:00 a.m. in Room 1028 of the State Legislative Building.

It was announced that all present desiring to be heard and all desiring to submit written statements would be accommodated and afforded adequate opportunity to be heard. Attending from the Legislative Research Commission were Senator Thomas Seay, Senator Fred Mills and Mrs. Fred Benton, Secretary

The long standing and critical shortages of personnel in the health field are evident to all concerned. Little time was spent at the hearing discussing the need and the results of the shortages, but attention was concentrated on proposals and solutions to alleviate the shortages.

A summary of those pertinent proposals and solutions in the order in which they were presented to the subcommittee are as follows:

Dr. W. D. James, Hamlet Hospital, Hamlet, North Carolina

Recommended:

- a. That the legislature provide grants-in-aid in the approximate amount of \$250. for each student duly registered in each diploma nursing school.
- b. That the system of scholarships for student nurses be encouraged with the provision that each recipient contracts and agrees to practice her profession upon graduation in North Carolina for a stated period of time.

- c. That the per diem for charity cases be increased to such amount as would adequately cover the cost to the hospitals, including an allowance therein for the operation of the diploma schools.

W. C. Harris, Jr., representing the North Carolina Board of Nursing

- a. Emphasized the need for more teachers to provide qualified instructors required for any expansion of the existing facilities; that the baccalaureate degree nursing programs be aided as a step in this direction.
- b. That the legislature provide grants-in-aid to assist hospitals in establishing or operating diploma schools of nursing.

Dr. I. E. Ready, Director, Department of Community Colleges

Dr. Ready reviewed the program of the community colleges in the field of health occupations. Emphasis was placed upon the need for qualified teachers and expansion of additional technical institutes and community colleges in those areas presently not being served. Attached hereto is a complete report from the Department of Community Colleges dealing with Practical Nurses, Laboratory Assistants, Psychiatric Aides, Nurse Assistants, Ward Clerks, Medical Secretaries, and Associate Degree Programs in Nursing.

Marion Foster, Executive Director, North Carolina Hospital Association

Recommended:

- a. That the 1967 General Assembly provide for the establishment of at least three additional associate degree schools of nursing within the community college system at locations deemed by the State Board of Education to be most appropriate in view of the needs of the communities and availability of clinical facilities; and further, to provide a budget to the State Board of Education for its community colleges sufficient to attract adequate qualified faculty for all associate

degree nursing schools.

- b. That the 1967 General Assembly provide for the expansion of existing baccalaureate schools of nursing, to provide for increased enrollment at the earliest possible date.
- c. That the 1967 General Assembly provide funds to the State Board of Education whereby the Board might contract with hospitals for the conduct of nursing schools, in the same manner in which the Board now provides assistance to community colleges.
- d. That the 1967 General Assembly provide adequate budget and give continued support to the existing Licensed Practical Nurse programs now under jurisdiction of the State Board of Education.
- e. That the 1967 General Assembly provide funds to the North Carolina Medical Care Commission which administers the present state scholarship programs for health personnel, whereby the Commission might contract with various organizations for the conduct of programs in Health Career recruitment, with emphasis on nursing.

William F. Henderson, Executive Secretary, North Carolina  
Medical Care Commission

Recommended:

- a. That all in the profession get together with their consolidated aims and desires and present a "package" proposal to the 1967 General Assembly.
- b. Expansion of the scholarship program.

Mrs. Margaret W. Dolan, Chairman, Legislative Committee,  
N. C. State Nurses' Association

The nursing profession in North Carolina, speaking through the North Carolina State Nurses' Association and the North Carolina League for Nursing, has enunciated "Guidelines for Nursing Education,"

which call for establishment of new nursing education programs within the educational system. This is consistent with the state's educational concept as expressed in establishment of the community college system.

"Guidelines" envisions the education of the registered nurse in the four-year baccalaureate program and the technical nurse in the two-year junior and community colleges. This document recognizes, however, that the good diploma schools which have achieved national accreditation will be needed for a long time to come.

In view of its commitment to placing nursing education in the state's system of general education and of the resources already available to diploma schools of nursing, the North Carolina State Nurses' Association believes that the best use of state funds available for nursing education is in strengthening and supporting the 12 nursing education programs now supported by the state in college settings.

Dr. E. T. Beddingfield, Chairman, Legislative Committee, Medical Society of North Carolina

Recommended:

- a. An immediate direct grant to each diploma unit to raise and strengthen the standards of the diploma schools sufficient for accreditation of the schools and to enhance the student's educational performance in the schools. We propose an immediate direct grant-in-aid to each school of \$75,000 or a total of 1.65 million dollars.
- b. In order to further strengthen the schools and stimulate them to increase their respective student capacity, we recommend incentive grants to be based on \$1,000 per student for the enrollment of 10 students over and above their present capacity and an additional \$750. for each of the second 10 students. This would be a financial incentive for each school to try to get up to a maximum of 20 additional students. This system of grants would cost approximately \$385,000 per year or \$770,000 for the biennium. It is unlikely, of course, that all of the schools would experience the desired

increase in enrollment and thus possible that this total amount would not be expended in incentive grants.

- c. As an incentive to the youth in this State to engage in nursing education, we recommend that the State offer individual student scholarships. we do not believe there should be any restrictions regarding subsequent service, area of service, etc. We would propose 200 such scholarships per year. Over a three year diploma program, this would mean approximately 600 scholarships active---two hundred in each of the three classes. Each scholarship to be in the amount of \$250. per year. For the first biennium of such a scholarship program, an appropriation of \$150,000 would be necessary.
- d. Items a, b, and c would total for the first biennium \$2,570,000. We would hope that the committee would recommend the appropriate state agency to supervise such a program.

Miss Elizabeth S. Holley, Chief, Public Health Nursing Section,  
North Carolina Board of Health

Recommended:

- a. That the General Assembly consider the possibilities of extending financial assistance to qualified nurses for professional education in an accredited school of nursing. This should include the living expenses as well as supplementing the cost for the education itself.

Miss Louise D. Bryant, Executive Secretary to the Joint  
Committee on Nursing Education

Informed the committee of the Joint Committee on Nursing Education; committee was appointed jointly by the State Board of Education and the North Carolina Board of Higher Education. Also, furnished committee with maps showing geographical location of active professional nurses. (Attached to report)



NORTH CAROLINA

STATE BOARD OF HIGHER EDUCATION

1307 GLENWOOD AVENUE (ROOM 162)

P. O. BOX 10887

RALEIGH. 27605

September 30, 1966

WATTS HILL, JR.  
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DURHAM (1971)  
GORDON H. GREENWOOD  
VICE-CHAIRMAN  
BLACK MOUNTAIN (1969)  
MRS. HARRY P. HORTON  
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RALEIGH (1967)  
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HUBERT M. POTEAT, JR., M.D.  
SMITHFIELD (1969)  
JOHN A. PRITCHETT  
WINDSOR (1969)  
JOHN S. STEWART  
DURHAM (1967)  
LINDSAY C. WARREN, JR.  
GOLOSORO (1967)  
JAMES L. WHITFIELD  
RALEIGH (1967)  
E. J. WHITHIRE  
FRANKLIN (1967)  
MRS. GEORGE D. WILSON  
FAYETTEVILLE (1967)

The Honorable Thomas W. Seay  
P. O. Box 287  
Salisbury, North Carolina

Dear Senator Seay:

Following the hearing of your subcommittee of the Legislative Research Commission on June 28 concerning the shortage of nurses in North Carolina, you requested that the Joint Committee on Nursing Education of the State Board of Higher Education and the State Board of Education take the initiative in bringing together representatives of the several organizations and agencies concerned in an effort to develop recommendations for legislative action that could be supported by all.

We moved quickly to respond to your request. The sequence of events in July, August and September in the drafting of recommendations is summarized in my letter of September 15 to W. D. Herring, Chairman of the State Board of Education, and Watts Hill, Jr., Chairman of the State Board of Higher Education (copy enclosed).

The enclosed recommendations were approved on September 15 by formally designated representatives of the Medical Society of the State of North Carolina, the North Carolina Hospital Association, the North Carolina State Nurses Association, and the North Carolina League for Nursing, and they were concurred in by staff members of the State Board of Nursing, the State Board of Education (Department of Community Colleges), and the State Board of Higher Education.

These recommendations were endorsed and approved by the Board of Higher Education at its meeting on September 16. The resolution that was adopted is enclosed.

The State Board of Education on September 24 also endorsed and approved the recommendations in general terms, "with the understanding that specific items relating to the second recommendation will require careful, further study."



The Honorable Thomas W. Seay  
Page 2  
September 30, 1966

In addition, the resolution adopted by the State Board of Education included the following paragraph:

Only the General Assembly can determine the conditions under which public funds can properly be appropriated in order to assist hospitals in maintaining diploma schools of nursing. Once this determination is made, the State Board of Education will carry out fully the legislative intent.

A copy of the resolution adopted by the State Board of Education on September 24 is enclosed.

We believe that the development of recommendations for legislative action which will help relieve the nursing shortage that have received formal endorsement and approval by the organizations and agencies named above in this letter is a major achievement reflecting the cooperation and good will of all, and we hope that these recommendations will be of material assistance to the Legislative Research Commission and to the General Assembly. If we can assist further, please let me know.

With best wishes, I am

Sincerely yours,

Howard R. Boozer  
Director of Higher Education  
(Chairman, Joint Committee on  
Nursing Education)

mcw

cc: Distribution list--attached

Distribution List

Members of Legislative Research Commission (14)

Members of the Joint Committee on Nursing Education (20)

Other representatives of organizations and agencies who participated in drafting the resolutions (12)

Watts Hill, Jr., Chairman, State Board of Higher Education

W. D. Herring, Chairman, State Board of Education

I. E. Ready, Director, Department of Community Colleges, State Board of Education

James T. Barnes, Executive Director, Medical Society of the State of North Carolina

Mrs. Patricia Conklin, President, North Carolina League for Nursing

Marion J. Foster, Executive Director, North Carolina Hospital Association

Mrs. Marie Noell, Executive Secretary, North Carolina State Nurses' Association

Carrie M. Spurgeon, Executive Secretary, North Carolina State Board of Nursing

Recommendations for Legislative Action  
to Assist in Relieving the Shortage of Nurses  
in North Carolina

We recommend to the Joint Committee on Nursing Education (and through it to the State Board of Education and the State Board of Higher Education), and to the Legislative Research Commission, that

1. Approval be given to budget requests for all existing types of State-supported nursing education programs.
2. Funds be appropriated to the State Board of Education to assist existing diploma nursing education programs in public and voluntary hospitals. The hospital schools of nursing would be eligible, at their option, to apply for such assistance to their nursing programs, under guidelines and standards set by the Department of Community Colleges and the State Board of Education. At least two nursing education consultants should be added to the Department of Community Colleges staff to advise and assist the Department and the hospitals in implementing this recommendation. It is expected that students in diploma programs will share general education instruction, services and facilities with students in other types of nursing education programs conducted by the Department of Community Colleges institutions.
3. Approval be given to "B" budget requests submitted by the School of Nursing at the University of North Carolina at Chapel Hill for Continuing Education Programs in nursing, which would allow for the expansion of the program for practicing registered nurses.
4. Increased funds be provided for the Scholarship-Loan Fund currently operated under the aegis of the North Carolina Medical Care Commission.

The organizations and agencies subscribing to these recommendations believe that their implementation will upgrade the quality of nursing education and practice in North Carolina through state support for all types of nursing education programs, and preserve the identity of the diploma schools electing to participate in such a program. A workable and useful partnership would be developed between the hospitals and the Department of Community Colleges.

Medical Society of the State of North  
Carolina (Fred C. Hubbard, M.D.)  
North Carolina League for Nursing  
(Mrs. Patricia Conklin)  
Department of Community Colleges, State  
Board of Education (Miriam Daughtry)  
North Carolina Hospital Association  
(Marion Foster)  
North Carolina State Nurses' Association  
(Mrs. Marie Noell)  
North Carolina Board of Nursing  
(Mary McRee)  
North Carolina Board of Higher Education  
(Howard R. Boozer)

RESOLUTION ADOPTED BY  
THE NORTH CAROLINA BOARD OF HIGHER EDUCATION

September 16, 1966

The Board of Higher Education endorses and approves the "Recommendations for Legislative Action to Assist in Relieving the Shortage of Nurses in North Carolina" of the Joint Committee on Nursing Education. The Board is convinced that a near crisis situation exists which, at best, can be moderated only if the State provides the maximum possible financial and moral support to those responsible for the training of nurses.

It should be pointed out that the Board has not made a line-by-line analysis and does not presume to recommend the budget in detail.

It is our opinion, however, that if all budget requests are approved, the total funds thereby made available will still be inadequate to the needs. The Board notes, for example, that there are too few persons seeking to enter the profession and too few opportunities to receive training should the demand for training materially increase.

The Board therefore urges the maximum possible financial support of existing and proposed programs consistent with the availability of funds and other state needs, and a continuing re-examination by the profession of the factors which have resulted in an inadequate number of persons seeking to enter the profession. The Board authorizes transmittal of the recommendations referred to above to the Legislative Research Commission.

RESOLUTION ADOPTED BY  
THE NORTH CAROLINA STATE BOARD OF EDUCATION

September 24, 1966

A subcommittee of the Legislative Research Commission concerned with the shortage of nursing personnell in North Carolina has requested the agencies and associations concerned with this problem to present to the Legislative Research Commission a joint proposal for legislative action. These agencies and associations are the Medical Society of the State of North Carolina, the North Carolina League for Nursing, the State Board of Education, the State Board of Higher Education, the North Carolina State Nurses' Association, the North Carolina Board of Nursing, and the North Carolina Hospital Association. Joint committee action by representatives of these groups has resulted in the following general recommendations for legislative action, that

- "1. Approval be given to budget requests for all existing types of State-supported nursing education programs.
- "2. Funds be appropriated to the State Board of Education to assist existing diploma nursing education programs in public and voluntary hospitals. The hospital schools of nursing would be eligible, at their option, to apply for such assistance to their nursing programs, under guidelines and standards set by the Department of Community Colleges and the State Board of Education. At least two nursing education consultants should be added to the Department of Community Colleges staff to advise and assist the Department and the hospitals in implementing this recommendation. It is expected that students in diploma programs will share general education instruction, services and facilities with students in other types of nursing education programs conducted by the Department of Community Colleges institutions.
- "3. Approval be given to 'B' budget requests submitted by the School of Nursing at the University of North Carolina at Chapel Hill for Continuing Education Programs in nursing, which would allow for the expansion of the program for practicing registered nurses.
- "4. Increased funds be provided for the Scholarship-Loan Fund currently operated under the aegis of the North Carolina Medical Care Commission.

"The organizations and agencies subscribing to these recommendations believe that their implementation will upgrade the quality of nursing education and practice in North Carolina through state support for all types of nursing education programs, and preserve the identity of the diploma schools electing to participate in such a program. A workable and useful partnership would be developed between the hospitals and the Department of Community Colleges."

The State Board of Education endorses and approves in general terms the above recommendations, with the understanding that specific items relating to the second recommendation will require careful, further study.

Only the General Assembly can determine the conditions under which public funds can properly be appropriated in order to assist hospitals in maintaining diploma schools of nursing. Once this determination is made, the State Board of Education will carry out fully the legislative intent.



NORTH CAROLINA

# STATE BOARD OF HIGHER EDUCATION

1307 GLENWOOD AVENUE (ROOM 162)

P. O. BOX 10887

RALEIGH, 27605

September 15, 1966

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Mr. W. D. Herring, Chairman  
State Board of Education  
P.O. Box 127  
Rose Hill, North Carolina

Mr. Watts Hill, Jr., Chairman  
North Carolina Board of Higher Education  
P.O. Box 61  
Durham, North Carolina

Gentlemen:

A hearing was held on June 28, 1966, by a subcommittee of the Legislative Research Commission concerned with the shortage of nursing personnel in North Carolina. Subsequently, Senator Thomas W. Seay, chairman of the subcommittee, requested that the Joint Committee on Nursing Education of the State Board of Higher Education and the State Board of Education take the initiative in working with the agencies and organizations having an interest in nursing education in an effort to develop recommendations for legislative action that would have the endorsement of all interested parties.

In my capacity as Chairman of the Joint Committee on Nursing Education, I convened a meeting on July 1 concerning this request from Senator Seay. The following organizations and agencies were represented: the Medical Society of the State of North Carolina, the North Carolina League for Nursing, the North Carolina Hospital Association, the North Carolina Board of Nursing, the North Carolina State Nurses' Association, the Department of Community Colleges (State Board of Education) and the State Board of Higher Education. In a series of meetings in July and August, a working committee of representatives of each of the above groups, under the chairmanship of Dr. John F. Corey of the State Board of Higher Education, drafted recommendations to which all could subscribe. On September 15, 1966, representatives of these organizations and agencies, each having been invited to come prepared to act on the recommendations on behalf of his group, unanimously adopted the recommendations, as amended. Also on September 15, 1966, these recommendations were endorsed by an ad hoc subcommittee of the Joint Committee on Nursing Education which I appointed.

Mr. W. D. Herring  
Mr. Watts Hill, Jr.  
September 15, 1966  
Page 2

The recommendations approved by the Medical Society of the State of North Carolina, the North Carolina Hospital Association, the North Carolina State Nurses' Association, and the North Carolina League for Nursing, and concurred in by staff members of the State Board of Nursing, the State Board of Education (Department of Community Colleges) and the State Board of Higher Education, are enclosed on the attached sheet.

On behalf of the Joint Committee on Nursing Education, I am herewith submitting these recommendations to you as Chairmen of the two State Boards which this Committee serves. I urge approval of the recommendations. If they receive your endorsement, I will transmit them to Senator Seay of the Legislative Research Commission.

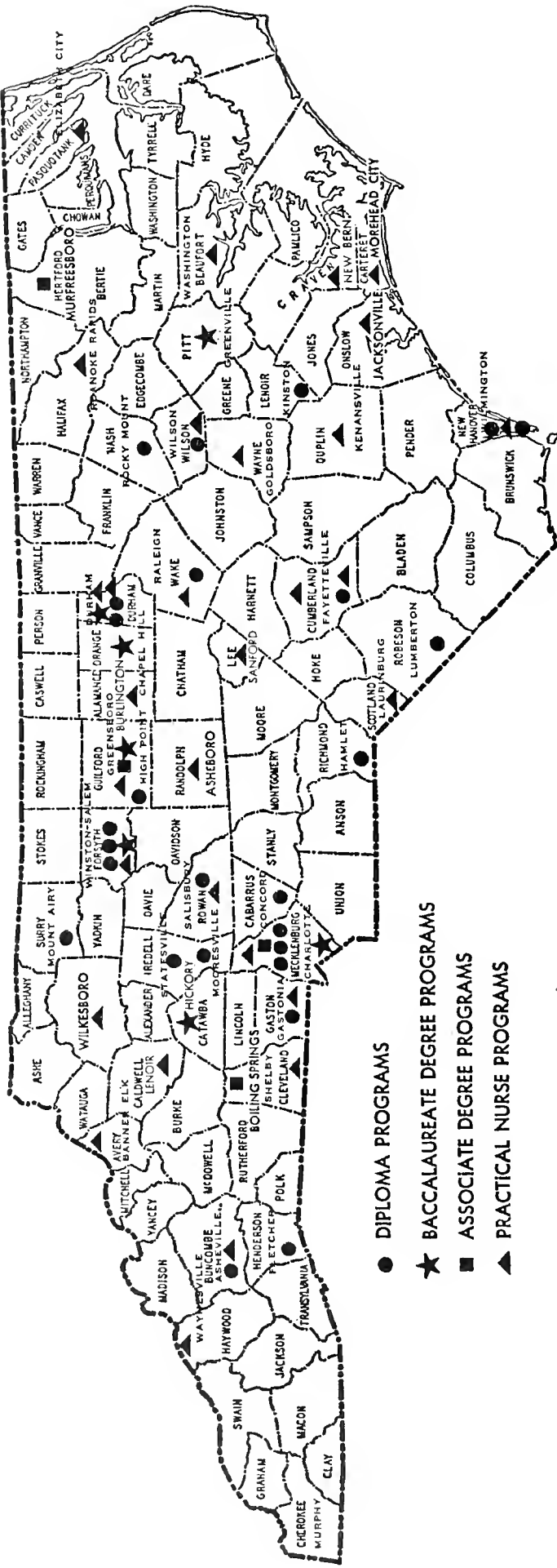
I should point out that the development of recommendations to assist in relieving the shortage of nurses in the State to which these diverse groups have given their unanimous endorsement, represents no small achievement and great progress in developing an approach that all can support.

May I hear from you at your early convenience concerning this matter.

Sincerely,

Howard R. Boozer  
Director

dj  
Enclosure  
cc: Miss Louise Bryant



● DIPLOMA PROGRAMS

★ BACCALAUREATE DEGREE PROGRAMS

■ ASSOCIATE DEGREE PROGRAMS

▲ PRACTICAL NURSE PROGRAMS

## North Carolina Requirements for a Practical Nurse License

Good moral character

Good mental and physical health

Ninth grade high school, or equivalent

Graduation from a state accredited program of practical nurse education

Required score on the licensure examination

## North Carolina Requirements for a Registered Nurse License

Graduation from accredited high school, or equivalent

Good moral character

Good mental and physical health

Graduation from a state accredited basic professional nurse program

Required score on the licensure examination



# **NURSING PROGRAM LEADING TO DIPLOMA**

A program leading to a diploma in nursing is conducted by a hospital. This three-year course of study serves the interests and needs of qualified high school graduates who prefer an educational experience centered in a hospital.

The curriculum covers nursing courses and related subjects in the biological, physical and social sciences. The primary focus of instruction and related clinical experiences is on the nursing care of hospitalized patients. The program prepares for beginning patient-side nursing in a hospital.

Graduates of accredited diploma programs are eligible to write the licensing examination. Successful attainment leads to licensure as a Registered Nurse (R.N.).

## **NURSING PROGRAM LEADING TO BACCALAUREATE DEGREE**

A program leading to a baccalaureate degree in nursing is offered by a college or university and varies in length from 40 to 45 months. General education is an integral part of the curriculum with a major in nursing. The depth and breadth of content in general and professional education are intensified in this program. Nursing is learned through guided experiences in hospitals, public health centers, and other agencies.

The program prepares the graduate not only for beginning patient-side nursing in a hospital and for public health nursing, but also it lays the foundation necessary for graduate study preparing for positions in clinical specialties, supervision, teaching and administration.

The graduate of the four-year program earns a college degree and is qualified to write the licensing examination. Successful attainment leads to licensure as a Registered Nurse (R.N.).

## **PRACTICAL NURSING PROGRAM LEADING TO CERTIFICATE**

A program leading to a certificate in practical nursing may be conducted by a general hospital, or educational institution offering vocational preparation. The one-year course of study for practical nursing is offered to individuals who may have completed ninth grade of high school, or to high school graduates who are interested in short-term preparation. The program prepares for giving nursing care to selected patients in a hospital under the supervision of a registered nurse.

Graduates of accredited programs are eligible to write the licensing examination. Successful attainment leads to licensure as a Licensed Practical Nurse (L. P. N.)

## **NURSING PROGRAM LEADING TO ASSOCIATE DEGREE**

A nursing program leading to an associate degree is approximately two years in length. From the first month, time is spent learning nursing through guided experiences, primarily, in hospitals. The program is centered in a college setting.

Education in the liberal arts complements a major in nursing, and the program prepares for beginning patient-side nursing in a hospital.

Completion of this course of study qualifies the graduate to write the licensing examination. Successful attainment leads to licensure as a Registered Nurse (R.N.)

- A Admit Men Students  
 B Scholarships or Loans  
 C Admit Negro Students  
 D Full Accreditation by NLN  
 E Admit Registered Nurses (Diploma Graduates)  
 to Baccalaureate Programs  
 F Provisional Accreditation — New Program

Approximate Tuition  
 Cost to Student

## Diploma Nursing Programs

Name of Program	Clinical Facilities Used—No. of Hospital Beds	No. of Students	Approximate Tuition Cost to Student
Cabarrus Memorial Hospital B, D Concord, N. C.	Cabarrus Memorial Hospital, Concord, N. C.—327 Eastern State Hospital, Lexington, Ky., Psych. Nsg.	115	\$1,420.00
Charlotte Memorial Hospital A, B, C, D Charlotte, N. C.—Closing Fall 1967	Charlotte Memorial Hospital, Charlotte, N. C.—725	212	\$700.00
Community Hospital A, C Wilmington, N. C.—Closing Fall 1966	Community Hospital, Wilmington, N. C.—96 Cherry Hospital, Goldsboro, N. C., Psych. Nsg.	30	\$560.00
Davis Hospital B Statesville, N. C.	Davis Hospital, Statesville, N. C.—200 Dorothea Dix Hospital, Raleigh, N. C., Psych. Nsg.	56	\$710.00
Forsyth Memorial Hospital B, C Winston-Salem, N. C.	Forsyth Memorial Hospital, Winston-Salem, N. C.—540 Dorothea Dix Hospital, Raleigh, N. C., Psych. Nsg.	100	\$700.00
Gaston Memorial Hospital B, C Gastonia, N. C.	Gaston Memorial Hospital, Gastonia, N. C.—228 Dorothea Dix Hospital, Raleigh, N. C., Psych. Nsg.	60	\$1,000.00
Hamlet Hospital B Hamlet, N. C.	Hamlet Hospital, Hamlet, N. C.—140 Dorothea Dix Hospital, Raleigh, N. C., Psych. Nsg. Babies' Hospital, Wilmington, N. C., Pediatrics	60	\$300.00
High Point Memorial Hospital A, B, C High Point, N. C.	High Point Memorial Hospital, High Point, N. C.—245 Institute of the Pennsylvania Hospital, Phila., Pa., Psych. Nsg. Children's Hospital, Washington, D. C., Pediatrics	60	\$600.00
Highsmith-Rainey Memorial Hospital B Fayetteville, N. C.	Highsmith-Rainey Memorial Hospital, Fayetteville, N. C.—123 Cape Fear Valley Hospital, Fayetteville, N. C., MCH Sheppard & Enoch Pratt Hospital, Towson, Md., Psych. Nsg.	30-40	\$385.00
Lenoir Memorial Hospital B Kinston, N. C.	Lenoir Memorial Hospital, Kinston, N. C.—124 Dorothea Dix Hospital, Raleigh, N. C., Psych. Nsg.	35	\$500.00
Lincoln Hospital A, B, C Durham, N. C.	Lincoln Hospital, Durham, N. C.—135 Eastern State Hospital, Lexington, Ky., Psych. Nsg.	36	\$751.00
Lowrance Hospital B Mooresville, N. C.	Lowrance Hospital, Mooresville, N. C.—104 Babies' Hospital, Wilmington, N. C., Pediatrics Dorothea Dix Hospital, Raleigh, N. C., Psych. Nsg.	28	\$700.00
Martin Memorial School of Nursing B Mount Airy, N. C.	Northern Hospital of Surry County, Mount Airy, N. C.—100 Memorial Mission Hospital, Asheville, N. C., Pediatrics Eastern State Hospital, Lexington, Ky., Psych. Nsg.	60	\$625.00
Memorial Mission Hospital A, B, C Asheville, N. C.	Memorial Mission Hospital, Asheville, N. C.—346 Broughton Hospital, Morganton, N. C., Psych. Nsg.	87-100	\$1,133.50
Mercy School of Nursing B, C Charlotte, N. C.	Mercy Hospital, Charlotte, N. C.—294 Our Lady of Peace Hospital, Louisville, Ky., Psych. Nsg.	100	\$985.00
Mountain Sanitarium and Hospital A, B Fletcher, N. C.	Mountain Sanitarium and Hospital, Fletcher, N. C.—77 Broughton Hospital, Morganton, N. C., Psych. Nsg. Memorial Mission Hospital, Asheville, N. C. Margaret M. Pardee Memorial Hospital, Hendersonville, N. C.	60	\$1,000.00
N. C. Baptist Hospital A, B, C, D Winston-Salem, N. C.	N. C. Baptist Hospital, Winston-Salem, N. C.—530 Dorothea Dix Hospital, Raleigh, N. C., Psych. Nsg.	170-175	\$1,050.00
Park View Hospital B Rocky Mount, N. C.	Park View Hospital, Rocky Mount, N. C.—166 Dorothea Dix Hospital, Raleigh, N. C., Psych. Nsg.	46	\$500.00
Presbyterian Hospital B, D Charlotte, N. C.	Presbyterian Hospital, Charlotte, N. C.—437 Broughton Hospital, Morganton, N. C., Psych. Nsg.	200	\$1,632.00
Rex Hospital A, B Raleigh, N. C.	Rex Hospital, Raleigh, N. C.—340 Dorothea Dix Hospital, Raleigh, N. C., Psych. Nsg. N. C. State University, Raleigh, N. C., Basic Sciences and Liberal Arts Courses Wake Memorial Hospital, Raleigh, N. C., Out Patient	88	\$1,915.75
Kate B. Reynolds Memorial Hospital C Winston-Salem, N. C.	Kate B. Reynolds Memorial Hospital, Winston-Salem, N. C.—184 Cherry Hospital, Goldsboro, N. C., Psych. Nsg.	48	\$375.00
Rowan Memorial Hospital B Salisbury, N. C.	Rowan Memorial Hospital, Salisbury, N. C.—250 Torrance State Hospital, Torrance, Pa., Psych. Nsg.	55	\$1,000.00
Southeastern General Hospital B Lumberton, N. C.—Closing Fall 1967	Southeastern General Hospital, Lumberton, N. C.—265 Dorothea Dix Hospital, Raleigh, N. C., Psych. Nsg.	72	\$1,416.00
James Walker Memorial Hospital B Wilmington, N. C.—Closing Fall 1966	James Walker Memorial Hospital, Wilmington, N. C.—272 Dorothea Dix Hospital, Raleigh, N. C., Psych. Nsg.	16	\$750.00
Watts Hospital C, D Durham, N. C.	Watts Hospital, Durham, N. C.—323 Dorothea Dix Hospital, Raleigh, N. C., Psych. Nsg.	150	\$1,000.00
Wilson School of Nursing B Wilson, N. C.	Wilson Memorial Hospital, Wilson, N. C.—254 Dorothea Dix Hospital, Raleigh, N. C., Psych. Nsg.	88	\$1,000.00

PNE Program approved Feb., 1966:

Catawba Valley Tech. Institute, Newton, N.C.

Each of the above programs is 36 mos. except the following: Cabarrus (33), Charlotte (33), Mercy (30), Southeastern (33).

## Baccalaureate Degree Nursing Programs

Name and Location of Program	Clinical Facilities Used	No. of Students	Length of Course in Months	Approximate Cost Complete Program
Agricultural and Technical College A, B, C Greensboro, N. C.	Western North Carolina Sanatorium, Black Mt., N. C. Cone Memorial Hospital, Greensboro, N. C. L. Richardson Memorial Hospital, Greensboro, N. C. Cherry Hospital, Goldsboro, N. C., Psych. Nsg. Guilford County Health Department, P. H.	96	40½	\$3,000-\$3,500
Duke University A, B, C, D, E Durham, N. C.	Duke University Medical Center, Durham Health Dept. V. A. Hospital, C. P. Hospital	300	45	\$9,300
East Carolina College A, B, C, D, E Greenville, N. C.	Pitt Memorial Hospital, Greenville, N. C. John Umstead Hospital, Butner, N. C., Psych. Nsg. Veterans Hospital, Oteen, N. C. Pitt County Health Dept., Greenville, N. C. Beaufort County Hospital, Washington, N. C.	95	40	Dormitory Students: \$1,800 to \$2,000* Day Student: \$1,200 to \$1,500* *Plus books, uniforms, food, etc.
Lenoir Rhyne College A, B, C Hickory, N. C.	Lutheran Home, Hickory, N. C. Grace Hospital, Morganton, N. C. Broughton Hospital, Morganton, N. C., Psych. Nsg. Burke Co. Health Department, Morganton, N. C. N. C. School for the Deaf, Morganton, N. C. Western Carolina Center, Morganton, N. C. Other area health agencies	70	40-44	\$3,000-\$3,500, less cost of room, travel and food for day students during first two years.
University of North Carolina A, B, C, D, E at Chapel Hill, N. C. Chapel Hill, N. C.	N. C. Memorial Hospital, Chapel Hill, N. C. Gravely Sanatorium, Community Hospital Senior year, Public Health Senior year, Other Agencies	250	40	\$4,500-\$6,000
University of North Carolina A, B, C, D, E at Charlotte Charlotte, N. C.	Charlotte Memorial Hospital, Charlotte, N. C. Mecklenburg County Health Department	45	36	Day Student: \$1024 — N. C. residents (plus books, uniforms, food, etc.)
Winston-Salem State College A, B, C Winston-Salem, N. C.	Kate Bitting Reynolds Hospital, Winston-Salem, N. C. Forsyth Medical Care Center John Umstead Hospital, Butner, N. C., Psych. Nsg. George Hubbard Hospital, Nashville, Tenn. — OB and Peds.	85	35	\$3,250

## Associate Degree Nursing Programs

Clinical Facilities Used—No. of Hospital Beds			Length of Course in Months	No. of Students	Approximate Cost Complete Program
Central Piedmont Community College A, B, C, F Charlotte, N. C.	Charlotte Memorial Hospital, Charlotte, N. C.—725	24	100	\$450.00	
Chowan College A, B, F Murfreesboro, N. C.	Roanoke-Chowan Hospital, Ahoskie, N. C.—100 Duke Medical Center, Durham, N. C.	33	38	\$2,929.60	
Gardner-Webb Junior College A, B, C, F Boiling Springs, N. C.	Rutherford Hospital, Rutherfordton, N. C.—108 Cleveland Memorial Hospital, Shelby, N. C.—186 Broughton Hospital, Morganton, N. C., Psych. Nsg.	19½	40	\$2,400.00	
University of North Carolina at Greensboro A, B, C Greensboro, N. C.—Closing Summer 1967	Moses H. Cone Memorial Hospital, Greensboro, N. C.—346 John Umstead Hospital, Butner, N. C., Psych. Nsg	20	70-80	\$1,942.00	

### Associate Degree Programs in Nursing approved Feb., 1966:

- (1) Sandhills Community College, Southern Pines, N. C.
- (2) Southeastern Community College, Whiteville, N. C.
- (3) Wilmington College, Wilmington, N. C.

# tificate Programs Practical Nursing

Name and Address of Program	Clinical Facilities Used—No. of Hospital Beds	Approximate Tuition Cost to Student
Asheville Program of Practical Nurse Education Asheville-Buncombe Technical Institute, Asheville, N. C.	St. Joseph's Hospital, Asheville—176 Memorial Mission Hospital, Asheville—342	\$122.00
Banner Elk Program of Practical Nurse Education x Caldwell Technical Institute, Lenoir, N. C.	Charles A. Cannon, Jr., Mem. Hosp., Banner Elk—100	\$122.00
Burlington Program of Practical Nurse Education x Technical Institute of Alamance, Burlington, N. C.	Alamance County Hospital, Burlington—142	\$122.00
Carteret County Program of Practical Nurse Education x Carteret County Industrial Education Center Morehead City, N. C.	Sea Level Hospital, Sea Level—90	\$122.00
Charlotte Program of Practical Nurse Education Central Piedmont Community College, Charlotte, N. C.	Presbyterian Hospital, Charlotte—437 Charlotte Memorial Hospital, Charlotte—725 Mercy Hospital, Charlotte—294	\$122.00
Duplin County Program of Practical Nurse Education James Sprunt Institute, Kenansville, N. C.	Duplin General Hospital, Kenansville—75	\$122.00
Durham Program of Practical Nurse Education x Durham Technical Institute, Durham, N. C.	Duke University Medical Center, Durham—631 Methodist Retirement Homes, Inc., Durham	\$122.00
College of the Albemarle Program of Practical Nurse Education Elizabeth City, N. C. x	Albemarle Hospital, Elizabeth City—150	\$122.00
Fayetteville Program of Practical Nurse Education x Fayetteville Technical Institute, Fayetteville, N. C.	Cape Fear Valley Hospital, Fayetteville—200	\$122.00
Gaston Memorial Hospital School of Practical Nursing Gaston Memorial Hospital, Gastonia, N. C.	Gaston Memorial Hospital, Gastonia—228 N. C. Orthopedic Hospital, Gastonia—150	\$90.00
Goldsboro Program of Practical Nurse Education Wayne Technical Institute, Goldsboro, N. C.	Wayne County Memorial Hospital, Goldsboro—228	\$122.00
Greensboro Program of Practical Nurse Education Guilford Technical Institute, Jamestown, N. C.	Moses H. Cone Memorial Hospital, Greensboro—346	\$122.00
Laurinburg Program of Practical Nurse Education Richmond Technical Institute, Rockingham, N. C.	Scotland Memorial Hospital, Laurinburg—134	\$122.00
Lee County Program of Practical Nurse Education x Lee County Industrial Education Center, Sanford, N. C.	Moore Memorial Hospital, Pinehurst—165 Lee County Hospital, Sanford—160	\$122.00
Lenoir Program of Practical Nurse Education x Caldwell Technical Institute, Lenoir, N. C.	Caldwell Memorial Hospital, Lenoir—135	\$122.00
New Bern Program of Practical Nurse Education x Lenoir County Community College, Kinston, N. C.	Craven County Hospital, New Bern—163	\$122.00
Onslow Practical Nurse Education Program x Onslow Industrial Education Center, Jacksonville, N. C.	Onslow Memorial Hospital, Jacksonville—105 U. S. Naval Hospital, Camp Lejeune—893 (34 Pediatric beds)	\$122.00
Randolph I. E. C. Program of Practical Nurse Education Asheboro, N. C.	Randolph Hospital, Inc., Asheboro—165	\$122.00
Roanoke Rapids Program of Practical Nurse Education Pitt Technical Institute, Greenville, N. C.	Roanoke Rapids Hospital, Roanoke Rapids—140	\$122.00
Rowan Technical Institute Program of Practical Nurse Education Salisbury, N. C.	Rowan Memorial Hospital, Salisbury—267 Cabarrus Memorial Hospital, Concord—339	\$122.00
Shelby Program of Practical Nurse Education Cleveland Industrial Education Center, Shelby, N. C.	Cleveland Memorial Hospital, Shelby—186	\$122.00
Wake Co. Program of Practical Nurse Education W. W. Holding Technical Institute, Raleigh, N. C.	Memorial Hospital of Wake County, Raleigh—350	\$122.00
Washington Program of Practical Nurse Education x Pitt Technical Institute, Greenville, N. C.	Beaufort County Hospital, Washington—112	\$122.00
Watts Hospital Course in Practical Nursing x Durham, N. C.	Watts Hospital, Durham—323	\$ 60.00
Waynesville Program of Practical Nurse Education Asheville-Buncombe Technical Institute, Asheville, N. C.	Haywood County Hospital, Waynesville—154	\$122.00
Wilkes Community College Program of Practical Nurse Education Wilkesboro, N. C.	Wilkes General Hospital, North Wilkesboro—100	\$122.00
Wilmington Program of Practical Nurse Education Cape Fear Technical Institute, Wilmington, N. C.	James Walker Memorial Hospital, Wilmington—272	\$122.00
Wilson Technical Institute Program of Practical Nurse Education, Wilson, N. C. x	Edgecombe General Hospital, Tarboro—75 Tarboro Clinic	\$122.00
Winston-Salem Program of Practical Nurse Education Forsyth Technical Institute, Winston-Salem, N. C.	N. C. Baptist Hospital, Winston-Salem—530 Forsyth Memorial Hospital, Winston-Salem—540	\$122.00
Womack Army Hospital Program of Practical Nurse Education Fort Bragg, N. C.	Womack Army Hospital, Fort Bragg—450	Enlistment

x Require High School Graduation or Equivalent

NORTH CAROLINA DEPARTMENT OF COMMUNITY COLLEGES

Vocational-Technical Division

Health Occupations

INTRODUCTION: Health services in the United States represented total expenditures of \$35.4 billion (5.9 percent of the Gross National Produce and employment of upwards of 3 million individuals (4 to 5 percent of the total labor force) during 1964.

Francis Keppel, Assistant Secretary for Education, Department of Health, Education and Welfare in a speech at the Health Manpower Conference held in Washington, D. C., on February 14, 1966, stated:

" . . . , we are going to need an average of 10,000 new people per month, for 10 years, to meet minimum requirements in the health area of the Great Society. It can be done, and I am confident it will be done, but it will not be easy."

This statement indicates that we will need an increase of over one million individuals in the next ten years in those health occupations that we now know. Dr. Keppel also stated that when we include those occupations which are emerging but which to date have no names, one million new health workers appears as a conservative figure of our estimated need.

Dr. Eli Ginzberg of Columbia University and Chairman of the National Manpower Advisory Committee emphasized several important points at the Health Manpower Conference. He stated the following factors effect the meeting of the demand for health occupations workers:

1. "It is always an error to focus on increasing the supply without simultaneously considering the wage structure and utilization patterns. If the latter are awry then, no matter how many are recruited and trained, the supply will still be inadequate since dissatisfied workers will leave.
2. The wage structures are still out of line with the market in many para-medical fields. Hence, training alone cannot provide the answer.
3. However, if wages and working conditions are made competitive, then good training will help attract and retain the expanding numbers that will be required.
4. The financing of such training must be reviewed. In the past, too much of it was carried by non-profit hospitals and institutes run for profit. The public educational structure must carry more responsibility.

5. Because women represent a significant part of the present and potential manpower resources, special care must be taken to design programs of training--and work--that take account of their distinctive labor market patterns; such as availability for less than full-time study and work; and their entry or re-entry in their thirties and forties.
6. Inadequate capital investment resulting in the use of obsolescent buildings and equipment can lead to a serious mal-utilization of manpower.
7. Adequate education and training opportunities must exist not only for persons entering the field but also be built into the career process and be tied to promotional opportunities.
8. The care of the sick requires more than book learning. Emotional factors loom large. Care should be taken not to establish and maintain artificially high "intellectual standards" at the cost of personality characteristics.
9. Unless steps are taken to facilitate upgrading of persons even across professional lines--i.e., nurses and physicians; professional nurses and practical nurses--much manpower will remain underutilized."

Both Dr. Kepple and Dr. Ginzberg indicated that the American people have been accustomed to and expect the best health services. With the population explosion and with greater numbers of the population in the younger and older age ranges, the demands upon health services are and will be enormous.

NORTH CAROLINA must face and meet the same demands for the supply of health workers if its citizens are to receive the quality and quantity of health care to which they are entitled and expect.

The hospitals of North Carolina had under construction or were in the planning stages for facilities to increase a total of 2,967 more beds as of January 1, 1966.

Presently there are 83 licensed nursing homes in North Carolina. The North Carolina State Board of Health states that this number is increasing weekly. To become a licensed nursing home definite standards for staffing with qualified personnel have to be met. Severe shortages in qualified personnel now exist, and as the need for this type of health facility increases, greater demands for personnel will be apparent.

The American Medical Association states that 8 allied medical occupations are already required to support each physician. When dentists and their support personnel are included, and the technicians in

radioisotopes and medical electronics and other similar fields are added to this number, our task becomes a monumental one to meet the demand.

THE DEPARTMENT OF COMMUNITY COLLEGES is being called upon daily by members of all health disciplines to assist by providing educational programs for many workers in the health field.



NORTH CAROLINA STATE BOARD OF EDUCATION

DEPARTMENT OF COMMUNITY COLLEGES

Vocational-Technician Division

1965-66

Report of Health Occupations Education Programs

May 1966

I. Practical Nurse - 1 year program

A. NEED

The Duke Endowment Hospital Para-medical and Medical Personnel Survey in North Carolina of 1962 indicated that a shortage of 269 LPN's existed in 114 hospitals in North Carolina. Since 1962 many hospitals and other health facilities have increased the bed capacity of their institutions thereby creating a need for more personnel to provide patient care. Other institutions have now shown an interest in the employment of the LPN to meet patient needs that in the past relied upon the RN to offer these services. The shortage of the RN has a direct relationship to the increasing demand for the LPN to meet the nursing care needs of patients.

The advent of Medicare will increase the need for the licensed practical nurse in nursing homes, health clinics and doctors' offices in the near future above and beyond our current sources of supply.

B. PROGRAMS IN PROGRESS - 27

a. Graduated and licensed to practice

1963	-	390
1964	-	413
1965	-	438

b. Follow-up

Estimated 85% working as LPN's

c. Present enrollment - Total 634

d. Capacity

Approximately 700 could be enrolled in present 27 programs.

e. Approximate Cost of Basic Equipment - \$9,605.00

Initial cost of equipment will vary according to enrollment

f. Operating Cost - 1965

Example of 4 programs varying in size of student enrollments

1. James Sprunt Institute of Wayne Technical Institute at Kenansville

Student enrollment - 12

Salaries \$ 7,996.00

Supplies 400.00

Consultant fee 50.00

Travel 100.00

\$ 8,546.00

2. Rowan Technical Institute, Salisbury

Student enrollment - 25 - 30

Salaries \$12,832.00

Supplies 567.00

Travel 158.00

\$13,557.00

3. W. W. Holding Technical Institute, Raleigh

Student Enrollment - 32 - 42

Salaries \$21,750.44

Supplies 280.00

Travel 25.63

Equipment 237.47

\$22,293.54

4. Durham Technical Institute, Durham

Student Enrollment - 50 - 60

Salaries \$36,741.44

Supplies 1,082.60

Travel 271.44

\$38,095.48

## II. Laboratory Assistant - 1 year

### A. NEED

In a survey of 73 hospitals in North Carolina conducted by the State Advisory Committee for Education of the Laboratory Assistant of the Department of Community Colleges in 1966 hospital administrators indicated that 166 certified Laboratory Assistants were currently needed to fill existing vacancies. The same hospital administrators indicated that in three (3) years approximately 500 CLA would be needed to meet the needs of North Carolina. An increase in the amount of laboratory procedures and their importance in diagnoses and treatment of patients as well as for preventative medicine clearly points out the need for well prepared laboratory assistants. Since graduates of these programs are employed in areas other than hospitals, such as research laboratories, private clinics and physicians offices the needed numbers of Certified Laboratory Assistants will increase as the facilities increase and greater demand is made for more laboratory personnel.

### B. Programs in Progress

#### 1 at W. W. Holding Technical Institute

##### a. Graduated - 17

##### b. Follow-up

9 of 11 graduates of 1965 class working

9 passed exam for CLA

A Georgia and Minnesota follow-up survey of CLA employment indicates that 50% of CLA's graduated find employment in hospitals.

##### c. Present Enrollment - 27

##### d. Capacity - 35 in a class

##### e. Cost of equipment

\$37,897.77

##### f. Operating Cost - W. W. Holding Technical Institute

<u>Salaries</u>	\$21,483.96
<u>Supplies</u>	1,301.33
<u>Travel</u>	56.43
<u>Equipment</u>	<u>14,420.76</u>
Total	\$37,262.48

### C. Summary: There are two MDTA programs proposed for 1966-67.

Asheville -	15 students	Estimated enrollment for
Morganton -	12 students	1966-67 - 62

C. Summary: North Carolina Board of Nursing 1965 statistics for LPN's -  
Residing in North Carolina

Actively employed in Nursing	4867
Not employed in Nursing	<u>1027</u>
Total	5894

Present Vocational Education

PNE Programs	27
Approved 1966	2
Proposed 1966	3
Request for 1967-68	7

Estimated enrollment 1967-68 - 900

Estimated number 1967-68 to receive license as LPN - 675

### III. Psychiatric Aide - 3 months

(For women and men)

#### A. NEED

Growth in mental health and long term facilities require the services of a trained person in the case of patients admitted. Demand from local mental health agencies indicate need to meet current demands and these demands will increase in proportion to growth in this area of health.

#### B. Programs in progress - 1 Under Department of Community Colleges

2 MDTA

TOTAL 3

1. Wayne Technical Institute

2. Durham Technical Institute (MDTA)

3. Catawba Valley Technical Institute (MDTA)

##### a. Graduated from programs

1. Wayne Technical Institute - 48

2. Durham (MDTA) - 27

3. Catawba Valley (MDTA)  $156+34+27 = \underline{217}$

TOTAL 292

##### b. Follow-up Currently Employed

Durham 14

Wayne 26

Morganton 173

TOTAL 213

##### c. Present enrollment

Durham T. I. -

Wayne T. I. 8

Catawba Valley TI 8

(Morganton)

##### d. Capacity - 15 in each class

##### e. Cost of equipment - none (Use hospital equipment)

e. Cost of equipment - none (Use hospital equipment)

f. Operational Cost (approximate)

<u>Salaries</u>	\$6,500.00
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<u>Supplies</u>	150.00
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<u>Travel</u>	<u>175.00</u>
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TOTAL	\$6,825.00	for Wayne Technical Institute
		program only

C. Summary:

This course should continue in present locations and be established where ever there are mental health agencies and institutions. Estimated need - unknown

V. Ward Clerk (For Women)

A. NEED:

The Ward Clerk acts as receptionist and also relieves the nurse of much of the paper work in hospital patient units. As hospital and other health facilities increase in number, need for this worker increases.

B. Programs in Progress

This course is not usually offered by the institution of the Department of Community Colleges as a continuous on-going course of study but rather when a need is indicated by the local community.

One institution has a continuous program offered every six months.

W. W. Holding Technical Institute, Raleigh

- a. Graduated to date - 27
- b. Follow-up      75% enter employment
- c. Present enrollment - 0
- d. Capacity - 16
- e. Cost of basic equipment - none
- f. Operating cost

<u>Salaries</u>	\$ 8,791.50
<u>Supplies</u>	45.33
<u>Travel</u>	<u>3.40</u>
	\$ 8,840.23

Most institutions pay the registered nurse teacher by the hour - \$3.00 to \$5.00 for 90 hours to 330 hours which may constitute the course content.

#### IV. Nurse Assistant - 3 months

(For men and women)

##### A. NEED

The nurse assistant shares in the actual care of patients. Although his or her duties and responsibilities may vary from hospital to hospital this health worker is needed to perform the many non-nursing activities which are part of the essential care of patients. As the Registered Nurse assumes greater responsibility as an administrator and supervisor because of the shortage of her number, the many daily patient care activities she once performed must now be assumed by a person other than the Registered Nurse or Licensed Practical Nurse. Turn-over in this area of health worker is great because of the lower salaries usually paid.

##### B. Programs in Progress:

This program is not usually offered by the institutions of the Department of Community Colleges as a continuous on-going curriculum but rather where a need is indicated by the local community health agencies. Nine (9) courses of study for Nurse Assistants were offered through the institutions of the Department of Community Colleges in the past 6 months.

4 of these courses were supported by MDTA funds.

###### a. Completed program

Students

114

###### b. Follow-up - not available

###### c. Present enrollment - not available

###### d. Cost of equipment - none. (in most instances use hospital or PNE equipment)

###### e. Operating Cost

W. W. Holding Technical Institute - Included with the ward clerk course ( \$ 8,840.23)

Registered Nurse Teacher paid by the hour - \$3.00 to \$5.00 in most institutions where course is taught.

##### C. Summary:

Extension funds are used primarily for this program. Estimated in the future that more hospitals and agencies will request the Department of Community Colleges to conduct this course for pre-employment and up-grading of present employee.



VI. Medical Secretary Program

Enrollment for 1965-1966

<u>Institution</u>	<u>1st Year</u>	<u>2nd Year</u>
Catawba Valley T. I.	11	0
Guilford T. I.	10	
T. I. of Alamance	9	
Wayne Technical Institute	6	5
W. W. Holding T. I.	<u>4</u>	<u>6</u>
TOTAL	40	11

NEED - unknown

NORTH CAROLINA STATE BOARD OF EDUCATION  
DEPARTMENT OF COMMUNITY COLLEGES  
VOCATIONAL-TECHNICAL DIVISION

Report of Associate Degree Programs in Nursing  
May, 1966

I. Associate Degree Programs in Nursing - 2-year program (18-21 months)

A. Need - The report of the Surgeon General's Consultant Group stated that there would be a need for at least 4.0 active nurses per 1,000 population in 1970 but believes that a ratio of only 3.17 will be reached by this time. For North Carolina to reach this anticipated national ratio of 3.17 for 1970, it would require that a total of 15,850 nurses be in active nursing practice at that time. This is approximately 30 per cent more RN's than the total of 12,321 registered nurses (full-time and part-time) that were in active practice in the State of North Carolina in 1965.

B. Programs in Associate Degree Nursing in Progress - 1

CENTRAL PIEDMONT COMMUNITY COLLEGE  
CHARLOTTE, NORTH CAROLINA

1. Students admitted in September, 1965 - 78

2. Present enrollment - May, 1966 - 48

Reasons for Attrition:

a. Academic failure

b. Did not like nursing

c. Unsited for nursing--lacked manual dexterity, poor interpersonal relationships, etc.

3. Projected enrollment for 1966-67 - 80

4. Total enrollment for -	<u>Freshman</u>	<u>Sophomore</u>
	80 (1965)	48 (1966)
	80 (September, 1966)	<u>80</u> (Freshman)
		128 (September, 1966)

C. Cost (approximate)

	<u>1965-66</u>	<u>1966-67</u>
1. Equipment	\$ 3,000.00	-0-
2. Instructional Salaries	36,000.00	\$57,000.00
3. Materials and Supplies	1,000.00	1,000.00
4. Library Books	2,000.00	1,000.00
5. Secretarial Assistance	3,200.00	3,700.00
6. Travel	600.00	600.00
7. Consultants' Fees	<u>-0-</u>	<u>300.00</u>
	\$45,800.00	\$63,600.00

II. Anticipated Programs in September, 1966

SANDHILLS COMMUNITY COLLEGE  
SOUTHERN PINES, NORTH CAROLINA

1. Anticipated student enrollment for 1966-67 - 35-40

2. Anticipated student enrollment for 1967-68 -

Freshman - 50 - 60

Sophomore - 25 - 30

75 - 80

3. Cost (anticipated)

	<u>1966-67</u>	<u>1967-68</u>
a. Equipment	\$ 5,527.71	\$ 2,000.00
b. Instructional Cost	33,668.00	49,480.00
c. Materials and Supplies	1,500.00	2,000.00
d. Library Books	2,000.00	500.00
e. Secretarial Assistance	3,744.00	3,944.00
f. Travel	600.00	600.00
g. Consultants' Fees	<u>-0-</u>	<u>300.00</u>
	\$47,039.71	\$58,824.00

III. SOUTHEASTERN COMMUNITY COLLEGE  
WHITEVILLE, NORTH CAROLINA

A. Anticipated student enrollment - 35-40

B. Anticipated student enrollment for 1966-67 - Freshman - 30-40

C. Cost (anticipated)

	<u>1966-67</u>	<u>1967-68</u>
1. Equipment	\$ 8,709.38	-0-
2. Instructional Cost	22,000.00	\$36,000.00
3. Library Books	3,000.00	1,000.00
4. Materials and Supplies	1,000.00	400.00
5. Secretarial Assistance	3,600.00	3,700.00
6. Travel	600.00	600.00
7. Consultants' Fees	<u>300.00</u>	<u>300.00</u>
	\$39,209.38	\$42,000.00

IV. ROCKINGHAM COMMUNITY COLLEGE  
WENTWORTH, NORTH CAROLINA

A. Anticipated enrollment for 1966-67 - 35-40

B. Anticipated enrollment for 1967-68 -

Freshman - 50 - 60

Sophomore - 25 - 30

75 - 80

C. Cost (anticipated)

	<u>1966-67</u>	<u>1967-68</u>
1. Equipment	\$ 5,527.71	\$ 2,000.00
2. Instructional Cost	33,668.00	49,480.00
3. Materials and Supplies	1,500.00	2,000.00
4. Library Books	2,000.00	500.00
5. Secretarial Assistance	3,744.00	3,944.00
6. Travel	600.00	600.00
7. Consultants' Fees	<u>-0-</u>	<u>300.00</u>
	\$47,039.71	\$58,824.00

V. WESTERN PIEDMONT COMMUNITY COLLEGE  
MORGANTON, NORTH CAROLINA

A. Anticipated enrollment for 1966-67 - 30

B. Anticipated enrollment for 1967-68 - 35

C. Cost (approximate)

	<u>1966-67</u>	<u>1967-68</u>
1. Equipment	\$ 6,094.00	-0-
2. Instructional Salaries	26,744.00	\$ 42,784.00
3. Library Books	2,000.00	2,000.00
4. Materials and Supplies	800.00	600.00
5. Secretarial Assistance	3,600.00	3,700.00
6. Travel	600.00	600.00
7. Consultants' Fees	<u>300.00</u>	<u>300.00</u>
	\$40,138.00	\$49,984.00

Summary

One Associate Degree Program in Nursing will graduate approximately 48 students in 1967. All five programs should graduate approximately 180-200 students in 1968.

The State Advisory Committee for Nursing Education Programs in the Department of Community Colleges have suggested for the present that these programs be established in comprehensive community colleges. The major problem facing the institutions is the lack of qualified faculty to establish and maintain a quality educational program in nursing.

Also, the characteristic pattern of nursing education still relies on the availability of adequate clinical resources for the student's clinical learning experiences.

## Appendix H

### STATE SUBSIDY FOR HOSPITAL DIPLOMA SCHOOLS OF NURSING: AN URGENT NEED

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(Presented by Edgar T. Beddingfield, Jr., M. D., Chairman, Committee on Legislation, Medical Society of the State of North Carolina, before the Subcommittee on Health Manpower of the Legislative Research Commission of the North Carolina General Assembly, Legislative Building, Raleigh, N. C., on June 28, 1966.)

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Mr. Chairman, and members of the Subcommittee:

I am Dr. Ed Beddingfield, a practicing physician from Stantonsburg, N. C., and a spokesman for the Medical Society of the State of North Carolina.

I have with me today the following members of our Society's Committee on Nursing:

Dr. Fred Hubbard, North Wilkesboro, N. C., Chairman

Dr. Harry Brockmann, High Point, N. C.

Dr. Sam Holbrook, Statesville, N. C.

Dr. Thomas Taylor, Roanoke Rapids, N. C.

and Mr. John H. Anderson, Jr. of Raleigh, legal counsel for the Society.

Both as individuals and through their professional organization in the State Medical Society, the physicians of North Carolina are constantly alert to the health care needs of our citizens. Our interest is not only in an adequate supply of well trained physicians, but also in the other groups represented on the health care team. We are especially interested in the quantity and quality of nursing care available to our patients, and because of the close and traditional relationship between medicine and nursing, and the interdependence of the two professions, the Medical Society has for many years maintained a standing Committee on Nursing. This is a very active Committee which meets frequently, oftentimes in joint session with other groups representing nurses, nurse associations, hospitals, educational institutions, and others. Representatives of the Committee on Nursing frequently attend national conferences where problems and opportunities in nursing are considered, and prominent out-of-state speakers are brought here to share their ideas with us. It is from such Committee and Society activity as this that we bring our remarks today to your attention.

In attempting to meet the health care needs of our people, one of the most serious problems facing doctors and hospitals today is the shortage of nurses. The need for more nurses has been an escalating problem for many years. With Medicare coming, the problem is becoming explosive. Health planners envision a demand for 850,000 professional nurses by 1970. Under present training facilities, the supply is expected to number about 680,000 by that date.

The nursing shortage in North Carolina is even much more acute than the national figures I have just given you, and the shortage is increasing. In 1962, despite the fact that the national average ratio of nurses to population was a cause of concern, North Carolina had only 2.37 active nurses per 1000 population as compared to a national average of 2.97. This national average was heavily influenced by the deficit states. Some of the better supplied states had far better ratios, and the top state had a ratio of just under 6 active nurses per 1000 population.

A Duke Endowment survey in 1962 revealed that there existed in North Carolina at that time 2,106 unfilled full-time positions. Inasmuch as the total number of active full-time nurses in the state in 1962 was only 9,444 it is apparent that one out of every five professional nursing positions in the state was unfilled.

Studies by the Surgeon General indicates that this country needs a minimum of 4.0 nurses per 1000 population by 1970, but believes that a ratio of 3.17 per 1000 is all that might be anticipated by that time. For North Carolina to reach the anticipated national ratio of 3.17 per 1000 in 1970, would require that a total of 15,850 nurses be in active practice at that time. This is about 44% more than the total of 11,045 registered nurses that were in active practice in the state in 1962.

Even under the most optimistic of circumstances it will be impossible for North Carolina to even approach closely the anticipated national average by 1970. On the contrary, it seems apparent to the Medical Society that some sort of crash program is urgently needed to prevent us from falling even further behind.

What, then, shall we do?

It is apparent that in order to meet this problem we must recruit into nursing adequate numbers of young women (and men) and we must have an adequate number of high-quality schools of nursing training these young people.

At this juncture, it seems appropriate to point out the various routes available to the young person electing to go into nursing. There are four possible routes:

1. "L.P.N. SCHOOLS": These schools, of which we have 30 in North Carolina, offer a one-year course of study for practical nursing leading to a certificate in practical nursing. Graduates of these programs, upon successfully writing the state examination, are licensed as Licensed Practical Nurses, and are competent for giving nursing care to selected patients under the supervision of a registered nurse. These schools, almost without exception, are operated under the auspices of our system of technical institutes, industrial training centers, and Community Colleges, in affiliation with nearby hospitals, and are thus government subsidized. This program has developed rapidly in recent years (5,724 LPN's in N.C. in 1963 as compared with 2,205 in 1951) and has in part softened the impact of our shortage of registered nurses. This program is necessary and desirable, but the fact remains that LPN's are not RN's, and it is likely that this area of relief has been rather fully exploited.

2. Nursing Program Leading to Associate Degree (R.N.) : This program, two years in length, is centered in a college setting. Education in the liberal arts complements a major in nursing, and the program prepares for beginning patient-side nursing in a hospital. There is a minimum of hospital experience during the two years, and for the most part, clinical experience is limited to observation rather than direct participation. Successful completion of the course qualifies one to write the licensing examination, which if passed leads to licensure as a Registered Nurse. This is a relatively new program in North Carolina, and actually was not legal until the 1965 General Assembly completely re-wrote the Nurse Practice Act. There are at least four such programs in North Carolina with a total combined enrollment of 258 students. It is anticipated that several other such programs will be developed in the near future in connection with the Community Colleges, and thus be state-subsidized. The medical society regards the development of this two-year program as a new, exciting experiment in North Carolina. Studies from other states which have had such programs for several years have produced conflicting reports as to the capabilities and qualifications of graduates of such programs. We believe that such new programs should be encouraged and studied, but that they should not supplant the proven sources of traditional supply of nurses.

3. NURSING PROGRAMS LEADING TO A DIPLOMA (R.N.) : These are programs of three years duration leading to a diploma in nursing and such programs are conducted by and in hospitals. The primary focus of instruction and clinical experience is on the nursing care of hospitalized patients. Graduates are eligible to write the licensing examination, which if passed leads to licensure as a Registered Nurse. There are now 26 such schools in North Carolina with a total of 2075 students. No state funds are presently involved in these schools, and with the exception of very small amounts of Federal funds for 2 or 3 schools, no public funds whatever are involved in their support. We shall return in a moment to the plight of these schools, for that is the main point of our discussion today.

4. NURSING PROGRAMS LEADING TO A BACCALAUREATE DEGREE (R.N.) : These programs, leading to a B.S. Degree in nursing, are four years in length, and are offered at the college or university level. The depth and breadth of general and professional education is intensified in these programs. More patient-side clinical instruction is given than in the two-year associate degree program, but considerably less than in the three year hospital diploma school program. Graduates frequently continue on into graduate study preparing for positions in clinical specialties, supervision, teaching, and administration. Graduates, upon successfully writing the state examination, are licensed as Registered Nurses. At the present, there are seven such programs in our state, with a total of 941 students. Five of the seven programs are based on the campuses of state-supported institutions and are thus largely state-supported. We in the Medical Society also support this level of nurse education, and we sorely need these more highly-educated nurses, but to us it is inconceivable that the volume of nurses graduating from such programs in the foreseeable future will have significant impact on our present dilemma of acute nurse shortage.



I would now like to turn to the present plight of the three-year, hospital-based, diploma schools of nursing. These schools have carried the full load until recent years of nurse education and have produced 92% of the licensed registered nurses now residing in North Carolina. However, the number of graduates from these schools, and the number of schools itself is showing a rather marked decline, in the face of the increased demand and need for nurses. The total number of graduates of diploma schools decreased in five years (1959-1963) from 603 to 556, and when this is translated in terms of number of graduates in relationship to population, it means that in 1963 the hospital schools were producing relatively 12% fewer graduates than they were in 1959.

The trend is for hospital schools to close rather than to open. In 1949, we had 43 hospital schools of nursing; this has decreased to 26 such schools in the current school year. The State Board of Nursing informs us that four of these schools have announced plans for closing within the next 18 months, leaving a net of 22 schools in 1967. The reason for this closing of schools is largely economic. The very commendable effort of professional nursing groups to upgrade the educational level and academic climate of the schools has of necessity lessened the number of hours of patient care that the student nurses provided their hospitals, in return for their training. The increasing cost of nursing education with higher costs in faculty salaries, books, uniforms, student upkeep, educational aids, library, laboratory, classroom supplies and equipment have all increased costs to the point that a hospital school of nursing has become a luxury, if not an economic liability to the hospital. A 1963 Duke Endowment study showed an annual average net loss to the hospital, per student, of \$1499. This figure represents the net outlay per student after giving her full credit for the hours that she worked for the hospital. Where does this money come from? The answer, of course, is that this comes from the hospital's paying patients. As hospital charges from rising costs in all other areas outside the nursing school begin to mount higher and higher, a point is reached where the pay patient and/or his insurance company begin to protest. Often, at this point, the decision is made by the hospital to discontinue the school of nursing. Hospitals supporting schools of nursing are, after all, training nurses to staff all the hospitals in the state, even those without nursing schools, as well as health departments, physicians' offices, clinics, federal and state institutions, industries, etc.?

A philosophical point arises here when one considers the question: Whose responsibility, economically, is it to provide an adequate supply of registered nurses for our state? Is it the responsibility of the paying patients in 26 of our 174 hospitals, or is it the responsibility of all our citizens? We in the medical society believe that this is a total community responsibility, meaning that this is a legitimate, necessary indication for the application of subsidy in the form of state funds derived from taxes. As has been pointed out, virtually all the other types of nursing schools are subsidized in large measure by public funds, but the largest supplier of all, the hospital schools, are totally lacking government funding. A recently enacted Federal program provides the possibility of some support for these hospital schools, but this is limited to schools that are nationally accredited by the National League for Nursing. All our hospital schools are state-accredited, but very few (7) have been able, up until now, to measure up to the national standards. Only one of these schools has received any funds from the Federal Program. State subsidy, which would enable these schools to upgrade themselves, primarily by increasing the number and caliber of qualified nurse educators on their faculties, would enable more of them to become nationally accredited, turn out a higher quality nurse, and incidentally then qualify for the federal program.

During the 1965 General Assembly, the Medical Society brought this situation to the attention of certain Legislators, and a bill was introduced (SB 305) which would have appropriated one million dollars, to be administered through the Board of Nursing, to provide grants-in-aid on a \$250 per student per year basis to the hospital schools of nursing. Although the bill received a favorable report from the Committees on Health, and attracted much favorable comment from many legislators, at the eleventh hour it failed very narrowly to successfully pass the Appropriations Committee.

Since the adjournment of the 1965 General Assembly, we have repeatedly and almost continuously re-studied the problem, and we now believe that the 1965 request was inadequate. After careful consideration, and extensive consultations, we now suggest to the Committee that the following program of financial support of our hospital schools of nursing:

Item 1: An immediate direct grant to each diploma unit to raise and strengthen the standards of the diploma schools sufficient for accreditation of the schools and to enhance the student educational performance in the school consisting of: adequate faculty, modern teaching materials, indwelling equipment, improved libraries, and other supplies to achieve an academic quality and to achieve accreditation.

22 schools @ \$75,000 each ----- \$1,650,000

Item 2: In order to further strengthen the schools and to stimulate them to increase their respective student capacities, we recommend a further system of incentive grants to be created based on \$1,000 per student for the enrollment of the first 10 additional students over and above their present capacity; and an additional \$750 for each of the second 10 students. In the event that each of the 22 schools that will likely be in existence in 1967 increases its enrollment by 20 students, this system of grants would require a total funding of 385,000 per year, or \$770,000 for the biennium. It is unlikely, of course, that all the schools would experience the desired increase in enrollment, and thus unlikely that this total possible amount would be expended in such grants.

Item 3: As an incentive to the youth of our state to engage in nursing education, we recommend that the state offer individual student nurse scholarships. We do not believe that there should be any restrictions such as required stipulations regarding subsequent service, area of service, etc. We propose 200 such scholarships per year. Over a three year diploma program, this would mean approximately 600 scholarships active, in the amount of \$250 each per year. For the first biennium of such a scholarship program, an appropriation of \$150,000 would be necessary.

#### SUMMARY OF BUDGETARY REQUESTS FOR 1967-69 BIENNIUM

Item 1.	\$1,650,000
Item 2.	770,000
Item 3.	<u>150,000</u>
Total	\$2,570,000

We would hope that the Committee would recommend the appropriate state agency to supervise such a program and award these grants-in-aid and scholarships.

This Committee has asked whether or not there is any precedent for states providing subsidy to Hospital Diploma Schools of Nursing. The answer is yes. We have some knowledge of such a program in the State of Pennsylvania, where funds are allocated to the Schools through the State Department of Education. We understand that this has been a helpful and successful program.

Mrs. Dolan, representing the Nurses' Association, has stated that her organization would favor increased State Subsidy only to the four year degree program and the two year associate degree program, and that they would favor state funds to 3 year diploma schools "only if the state thought they could afford it" and then only to those three year schools accredited by the National League for Nursing. I must vigorously oppose this philosophy of "The rich get richer, the poor get poorer". It is very likely that a few of the diploma schools will continue to exist and do a good job, with or without State funds. It is equally likely that a few of the schools will founder even with State funds. But the large majority of these schools are on the brink--they could go either way--and state support would go a long way in insuring their continued useful existence.

Mrs. Dolan further stated that adequate faculty for the Diploma Schools could not be obtained even if the schools had adequate funding. She based this largely on the fact that the School of Nursing at Chapel Hill is the only school in the State presently training nurse educators. I would remind Mrs. Dolan and the Committee that there is no prohibition against recruiting faculty from across the state line, and that adequate salary inducements might well help such proselyting activity.

We have heard today of the need for all interested groups to "get together" on a request to present to the 1967 General Assembly. I would like to point out that in the past 18 months, our Committee on Nursing has held at least 25 meetings on this subject, and all the parties represented in this hearing today were invited and attended and participated in most of those meetings. Every group appearing here today has supported this plan of some state subsidy for diploma schools, except for the spokesman of the Nurses Association. It is significant, therefore, to point out that some 70% of the registered nurses in North Carolina do not belong to the Nurses Association, and that, in our opinion, the policy expressed by Mrs. Dolan is largely that of the University--level nurse education and not representative of the practicing bedside nurse across this state.

Mr. Foster, speaking for the Hospital Association, has indicated that his organization and the Medical Society are in essential agreement on this problem. I agree with this viewpoint.

In closing, I would like to emphasize that the policy of the Medical Society is simply this: We are not against any of these various programs of nurse education. We doctors are for more nurses and better nurses at all levels of nurse training. We encourage the continued improvement of the academic level of nurse education. However, we would again remind you that our enthusiasm for new and different programs must not blind up to the fact that our main, dependable, constant and loyal source of supply of registered nurses has and is our hospital diploma schools. They have been the work-horse. The work-horse is sick, but the illness is nothing that a small transfusion of state funds can't cure. We hope you'll heed the plea!

# Department of Community Colleges



State Board of Education  
Raleigh North Carolina

June 20, 1966

Senator Thomas W. Seay, Jr.  
Legislative Research Commission  
State Legislative Building  
Raleigh, North Carolina

Dear Senator Seay:

In compliance with your recent request, I am submitting my personal opinion regarding the pertinent differences between the two year associate degree program nursing and the three year diploma nursing program.

If I can furnish you additional information, please let me know.

Sincerely yours,

*Louise D. Bryant*

Louise D. Bryant, R.N.  
Educational Supervisor  
Associate Degree Programs  
in Nursing  
Department of Community Colleges

LDB:kb

## Nursing Education Programs

Associate Degree\_\_\_\_\_Diploma

In making a comparison of the associate degree program in nursing and the diploma nursing program, there are a variety of considerations which must be taken into account. Each type of nursing education program has its own uniqueness in terms of philosophy and purpose. Both types of educational programs in nursing are technical or semiprofessional and lead to registered nurse licensure.

The length of time and number of theory and clinical experience hours in itself is relative. The length of the two programs is less significant than underlying philosophy and the methods employed in implementing the two types of nursing education programs.

A brief comparison may be summarized in the following manner:

Associate Degree Program in Nursing	Diploma
1. Length: usually falls within two calendar years, preferably two academic years.	1. Length: usually falls within three calendar years, may range from 27-36 months.
2. Control: Under the auspices of a junior or community college whose primary purpose is education.	2. Control: Under the auspices of a hospital whose primary purpose is service.
3. Learning experiences for students are carefully selected in the hospital or a community agency to utilize every minute since the provision for repetition is negligible.	3. Learning experiences for students are selected in accordance with the objectives making provisions for repetition in skill development. These learning experiences are usually in the hospital.
4. Philosophy is based on a new and different curriculum plan.	4. Philosophy is based on the more traditional curriculum plan.
5. Curriculum pattern approximates a 50% balance between general education and specialized or nursing courses. The specialized nursing content is arranged in three broad area groupings and the	5. Curriculum pattern does not approximate a balance between general education and specialized or nursing courses. Approximately 75% of the curriculum is nursing content per se. The general education courses are generally given in the first and second

sequence of the nursing courses differ. Theory and clinical practice are concurrent.

6. The ratio of theory hours to clinical experience hours in the nursing courses range from 1:3 to 1:4.

Students are always under the direction and guidance of a qualified nurse faculty member while in the clinical area.

Approximate contact hours for:

theory - 800-1000  
clinical experience -  
1100-1400

7. Student faculty ratio is maintained throughout the program. Anytime students are in the clinical area, an instructor is with them.
8. Faculty: All faculty members must meet the same requirements and responsibilities as other college faculty.

quarters of the first year and not concurrent with the nursing courses.

6. The ratio of theory hours to clinical experience hours in the nursing courses vary widely, may range from 1:2 to 1:16 or 20.

The hours for theory and clinical experience are much higher, ranging from 2100 to 4300. These are determined by the individual faculty member on the basis of student needs.

7. There is a tendency for a lesser student-faculty ratio- especially in the last year of the program.
8. Faculty: All faculty members should meet the National League for Nursing qualifications for teaching in a diploma school of nursing.

Note There is a paucity of qualified faculty for both types of nursing education programs.

NORTH CAROLINA BOARD OF NURSING

NORTH CAROLINA BOARD OF NURSING

Selected Data on Student Enrollment, Admissions and Graduations  
N. C. Diploma and Degree Programs in Nursing  
taken from  
Annual Reports of March 31

<u>Year</u> <u>Enrollment</u>	<u>Total</u>	<u>Diploma</u>		<u>No.</u>	<u>Associate Degree</u>		<u>Baccalaureate</u>
		<u>No.</u>	<u>Percent</u>		<u>Percent</u>	<u>No.</u>	<u>Percent</u>
1966	2975	1803	60.61	196	6.59	976	32.80
1965	2742	1841	67.14	65	2.37	836	30.49
1964	2667	1817	68.13	57	2.14	793	29.73
1963	2644	1867	70.61	46	1.74	731	27.65
1956	2746	2192	79.8	0	0	554	20.2
<u>Admitted</u>							
1966	1485	798	53.73	218	14.68	469	31.59
1965	1312	887	67.61	42	3.20	383	29.19
1964	1167	820	70.26	36	3.09	311	26.65
1963	1127	840	74.53	30	2.67	257	22.80
1956	1206	952	78.9	0	0	254	21.1
<u>Graduated</u>							
1966	740	540	72.97	32	4.32	168	22.71
1965	751	553	73.63	21	2.80	177	23.57
1964	685	518	75.62	21	3.07	146	21.31
1963	685	556	81.17	17	2.48	112	16.35
1956	674	625	92.2	0	0	49	7.8

# Nurse Supply - North Carolina

	<u>1955</u>	<u>1960</u>	<u>1965</u>
<u>Licenses Issued to Nurses Working in North Carolina</u>			
Registered Nurses	8,139	10,303	12,321
Licensed Practical Nurses	<u>2,640</u>	<u>3,598</u>	<u>4,867</u>
Total	10,779	13,901	17,188

New Nurses Licensed  
by Examination (Included in figures for licenses issued as shown above)

Registered Nurses	608	643	728
Licensed Practical Nurses	<u>392</u>	<u>309</u>	<u>510</u>
Total	1,000	952	1,238

\*Educational Units  
in Nursing (Taken from listings on brochures)

Practical Nurse	7	14	30
Associate Degree	0 )	1 )	4 )
	)	)	)
Diploma	31 ) 35	28 ) 33	26 ) 37
	)	)	)
Baccalaureate	<u>4</u> )	<u>4</u> )	<u>7</u> )
Total	42	47	67

\*See revised 1966 Brochure listing of Educational Units in Nursing. No. programs:  
Practical Nurse 31-Associate Degree 7-Diploma 26-Bacc. 7 - Total 71

+potential:

Practical Nurse 2-Associate Degree 2 Bacc. 1

In 1966, five programs are in process of closing.



# STUDENTS

	<u>1956</u>	<u>1966</u>
No. Students		
<u>Enrolled</u>		
Practical Nurse	166	718
Associate Degree	0	196
Diploma	2192	1803
Baccalaureate	<u>554</u>	<u>976</u>
Total	2912	3693
<u>Admitted</u>		
Practical Nurse	224	871
Associate Degree	0	218
Diploma	952	798
Baccalaureate	<u>254</u>	<u>469</u>
Total	1430	2356
<u>Graduated</u>		
Practical Nurse	125	492
Associate Degree	0	32
Diploma	625	540
Baccalaureate	<u>49</u>	<u>168</u>
Total	799	1232

June 1966

NORTH CAROLINA HOSPITAL ASSOCIATION

619 OBERLIN ROAD POST OFFICE BOX 10937  
RALEIGH, NORTH CAROLINA 27605

MARION FOSTER  
EXECUTIVE DIRECTOR

(919) 834-8484

STATEMENT TO LEGISLATIVE RESEARCH COMMISSION  
REGARDING HEALTH PERSONNEL SHORTAGES

June 28, 1966

The North Carolina Hospital Association appreciates the opportunity to express its views relative to the shortage of nurses and certain other health personnel. The Association represents 148 member hospitals. Its membership includes all of those hospitals which operate or are affiliated with schools of nursing in the state. The Association is vitally interested in any legislative action toward relieving the critical shortage of nursing and other health personnel, not only in North Carolina but throughout the nation. While this statement is directed primarily to the nursing shortage, there is also critical need in many other categories of health personnel.

At the present time there are three hundred hospital beds in the state that cannot be used because qualified nurses are unavailable for employment. Some hospitals, due to lack of trained personnel, are forced to assign persons to jobs requiring more training and skills than they possess. Quality health service in North Carolina already is in jeopardy. A brief survey which we are now conducting shows 1205 actual vacancies for nursing personnel in 137 North Carolina hospitals which have responded so far. These same hospitals estimate that in 1968 they will have 2245 vacancies. If the experience of these 137 hospitals were projected to all 176 licensed hospitals in the state plus all other employers of nurses, you can readily see the magnitude of the problem. With each new year the situation will grow worse unless steps are taken now to reverse it.

The severe nursing shortage problem as we see it has three basic causes: (1) The inadequate financial structure of our nursing schools; (2) failure to recruit a sufficient number of qualified applicants to our training facilities; and (3) need for better retention and utilization of nurses. Paramount among these is the financing of our nurse training facilities.

Three years ago the North Carolina Hospital Association embarked on a concentrated statewide program of recruitment of young people into health career training. This program has been popularly known as Health Careers for North Carolina. The program presently has five district offices throughout the state and a central office in Raleigh. There are twelve persons devoted full-time to the promotion of health careers among our high schools and the general public, with particular emphasis given to the career of nursing. The statewide program is an enlargement of a three-year pilot project which originated in the western counties of the state in 1960. The program has been financed by hospitals, foundations, industries, allied health organizations and individuals.

The program has been effective in getting a higher number of qualified applicants to our various health career training facilities and a higher number of these applicants enrolled in our schools. This is only one aspect of the problem, however. Attention must be given to the other side of the coin -- what is going to happen to the increased number of students being recruited?

Along with our efforts to recruit additional people into health careers, we must recognize the equal responsibility to improve the facilities and faculties in our hospital schools which train these people. Some of our schools do not have the faculty or facilities to increase enrollment nor to do an adequate job of training their present students. In the final analysis a great deal of the problem seems to hinge on the matter of finances.

In addition to an extensive program of health career recruitment activity, the Association is taking active steps to provide means for better utilization and employment of the existing supply of professional nurses in North Carolina. These steps include such things as:

1. Promoting the improvement of nursing care through workshops designed to improve the management of nursing service departments.
2. Encouraging the adoption by each member hospital of a full-time inservice education program for staff development. We believe that our hospitals must accept more responsibility for orienting newly licensed nurses and upgrading the skills of those already employed.
3. Promoting and encouraging studies of better utilization of nurses in patient care.
4. Encouraging hospitals to enhance the attractiveness of nursing in hospitals through better personnel policies and practices and through improved working conditions. Hospital salaries have traditionally been lower than salaries of comparable personnel in industry and this situation must be improved.
5. Encouraging all schools of nursing in North Carolina to become nationally accredited within a reasonable time or affiliate with educational institutions offering an associate degree or baccalaureate degree.

We fully support national accreditation of nursing schools. While the national accreditation program has some weaknesses, we believe it has been an influence that has done a great deal to improve the quality of nursing education. Accreditation, however, cannot be accomplished over-night and our schools must be given time and assistance to become accredited.

Some hospital schools are making arrangements with institutions of higher

learning so as to use efficiently and economically available teaching talent and to improve and broaden the academic side of their students' experience.

According to information recently released by the N. C. Board of Nursing, there are 15,012 Registered Nurses in North Carolina. Of these, 8,149 are practicing in hospitals; 4,172 are teaching or practicing in fields of public health, private duty, physician offices, or industry; and 2,691 are inactive.

The nursing situation is not just a hospital problem. There are important and compelling needs for nurses in public health, schools, industry, armed services, etc. We must be realistic, however; hospitals cannot exist without adequate nursing personnel.

Many factors have contributed to the increased demands for nursing service, such as the increase in hospital beds, more public and voluntary health agencies, and increased employment of nurses in facilities other than hospitals. Medicare, which makes available to 19 million citizens in this country not only free hospitalization but nursing home care, home health care, and a wide range of other services, will put terrific demands upon our already limited supply of nursing personnel. Other ambitious federal programs are siphoning off nurses from hospitals in increasing numbers.

The Association recognizes that there is a continuing shortage of professional nurses in North Carolina and that it will become more severe. It is imperative that positive action be taken immediately to strengthen the existing facilities and to develop new patterns of organization and financing of nurse education to produce qualified nurses in greater numbers.

In recent years our community colleges have incorporated associate degree programs within their curriculum. The Association recognizes and supports all of the collegiate programs leading to associate and baccalaureate degrees to prepare

nurses for positions in nursing education and nursing service, administration, and public health. While we believe that there will be a continuing increase in the number of general educational institutions offering preparation for nursing, these programs will not develop fast enough to train the numbers of nurses that will be needed. The major portion of the burden, therefore, rests on our existing hospital diploma schools.

Hospital diploma schools carry the primary burden and responsibility for education of nurses in North Carolina and will continue to do so in the foreseeable future. They have trained 92% of the professional nurses now licensed in the state. It is therefore essential that our hospital diploma schools of nursing be strengthened rather than weakened and continue to produce the nurses so critically needed to provide adequate health care to all of our citizens. Until such time as the associate degree programs and baccalaureate programs can produce a sufficient number of nurses, hospital schools must continue to operate and must receive some outside assistance.

There is a marked inequity in the sharing of the financial burden of educating nurses today. Those hospitals running nursing schools must bear the major portion of the costs of educating the nurses who go into other work with governmental hospitals, non-nursing school hospitals, public health agencies, industries, armed forces and doctors' offices.

Hospitals by and large have faced this challenge of added expense by adding the increased costs of nursing education to the charges made to patients. In some hospitals this charge amounts to two to three dollars per day per patient. Most patients do not realize how much they are paying for nursing education or their protests against high hospital charges would be even louder than they are now. Insurance companies are protesting. Blue Cross Plans, while not refusing

to pay the added charges, have looked carefully at the figures and have asked if there are other methods of financing.

The costs of professional nursing education should be borne by the whole community. Patients in hospitals conducting schools of nursing have a right to expect the costs of education will be more fully spread over the population as a whole.

Because of the lack of adequate financing, our hospital schools of nursing have been unable to attract qualified teachers and to maintain adequate facilities to provide the level of instruction needed.

In our 26 hospital diploma schools of nursing, there are enrolled 1803 students, an average enrollment of 69 students per school. The latest state-wide cost study showed the net cost to the hospitals (and to the paying patient) ranged from \$500 to over \$2,000 per student per year, with an average net cost of approximately \$1,500. This net cost was over and above the value of student services, tuition, and all other fees.

We can anticipate that these costs will increase. In order to provide good quality instruction, many hospitals are now having to turn to colleges and universities for an increasing proportion of this instruction. Costs of this academic instruction are high and are continually rising along with the state's efforts to improve education in general.

While we recognize the weaknesses in our hospital schools we are not apologetic for them. We are proud of their accomplishments and recognize that they are the greatest single source of nurses for the present and immediate future. We realize we have deficiencies. There are some schools which are perhaps not viable; they do not have the resources for good nursing education and will gradually be phased out.

"Nursing" is a broad term which includes several levels of educational achievement and several levels of competence of the various practitioners. The

hospital has the responsibility of coordinating these levels in a manner to provide the nursing service expected by the public. The basic educational training programs vary in length from one year to four years and are administered by a variety of agencies or educational institutions. The two, three, and four year courses all provide the background for licensure as a Registered Nurse by the state. Generally we refer to the Registered Nurse as a "professional nurse" and it is in this category that we have the most critical shortage.

It is not a question of which is the best program -- the two-year associate degree program, the three-year diploma program, or the four-year baccalaureate degree program. Each can be good or bad. The important point is that while they differ in character and level of education they all provide sources of much needed professional nurses. All of these programs must be supported and strengthened.

At present, state funds support in whole or in part collegiate and associate degree programs in professional nursing education and 31 programs for Licensed Practical Nurses. Aid for hospital nursing schools would strengthen all levels of nursing education.

The North Carolina Hospital Association for many years has urged state aid to diploma schools of nursing, along with the state support given all other types of nursing schools. Federal assistance programs, including the Nurse Training Act of 1964, have been inadequate. To our knowledge, there is only one hospital diploma school in the state presently participating under the federal act, and this participation is for construction of facilities. Further, the Federal Act, with its requirements for national accreditation and other limiting regulations, make it possible for only about five N. C. hospital schools of nursing to participate.

The Board of Trustees of the North Carolina Hospital Association met last Friday, June 24, and reaffirmed its previous position that the state take



positive action immediately to assist and strengthen all categories of nursing educational programs. Specifically, the Association recommends the following:

1. That the 1967 General Assembly provide for the establishment of at least three additional associate degree schools of nursing within the community college system at locations deemed by the State Board of Education to be most appropriate in view of the needs of the communities and availability of clinical facilities; and further, to provide a budget to the State Board of Education for its community colleges sufficient to attract adequate qualified faculty for all associate degree nursing schools.

2. That the 1967 General Assembly provide for the expansion of existing baccalaureate schools of nursing, to provide for increased enrollment at the earliest possible date, in recognition of the greater employment opportunities and need for graduates of these schools in the college and university systems and the increasing need for such graduates in nursing service and administrative positions in all hospitals.

3. That the 1967 General Assembly provide funds to the State Board of Education whereby the Board might contract with hospitals for the conduct of nursing schools, in the same manner in which the Board now provides assistance to community colleges.

4. That the 1967 General Assembly provide adequate budget and give continued support to the existing Licensed Practical Nurse programs now under jurisdiction of the State Board of Education.

5. That the 1967 General Assembly provide funds to the North Carolina Medical Care Commission which administers the present state scholarship programs for health personnel, whereby the Commission might contract with various organizations for the conduct of programs in Health Career recruitment, with emphasis on nursing.

The North Carolina Hospital Association believes that this critical problem of nurse shortage can be relieved in the near future if a unified approach is made by all organizations having an interest in the matter jointly with the General Assembly.

## Appendix L

### REPORT TO THE STUDY COMMITTEE RELATIVE TO SHORTAGE OF NURSING PERSONNEL Legislative Research Commission June 28, 1966

Elizabeth S. Holley, Chief  
Public Health Nursing Section  
N. C. State Board of Health

The well-known shortage of nurses is a serious concern of the N. C. State Board of Health and local health departments in North Carolina. This shortage has existed for a long time but is of an urgent nature now in view of the increasing population within the state and the increasing demands for nursing services out of hospitals. With the implementation of home health services under "Medicare", the problem of recruiting, training, and proper utilization of all types of nursing personnel has become critical. For the immediate future, at least, nursing units in the local health departments will be developed to expand their public health nursing services to include home care in compliance with PL 89-97. A large increase in the request for such services can be anticipated.

The following comments are directed toward citing the current situation and the attempts being made to alleviate these problems:

#### I. Local County Health Departments

##### 1. Minimum Salary Scale (Exhibit A)

The State Personnel Department has continued to work toward implementing an established minimum salary range for all personnel employed in official health departments. Only 33 counties within the state have met the minimum standard pay scale as recommended by the State Personnel Department. Seventy-seven (77) counties are below the minimum scale from one to three steps. Every effort is being made by the Division of Local Health Services, N. C. State Board of Health, to assist the counties to up-grade their salaries to at least the minimum scale.

Attention is called to the fact that tax monies provided for local health departments to give generalized health services are derived as follows:

83.8% local tax funds

15.1% state tax funds

1.1% federal money

All state and federal money allocated to the counties from the State Board of Health is designated for salaries. The State Board of Health is preparing a request to be presented to the General Assembly in 1967 to increase state support for local health department generalized programs. This request will be in the B Budget.

2. Retirement Plans (Exhibit B)

The North Carolina Local Governmental Employees Retirement System should be an integral part of the plan for obtaining and retaining capable and qualified public health workers. At this date, 14 counties in North Carolina are not participating in the Governmental Employees Retirement System and this presents a serious problem in recruitment of qualified personnel. Three of these 14 counties provide a county plan for retirement which is not comparable to that available through the state plan. The State Board of Health offers to provide allocation of funds for 50% of the cost of the local government retirement plan up to \$1,000 per county based on the approved budget for the current fiscal year. These local health department personnel could be brought under the retirement plan without involving any other county employees. In spite of this fact, these 14 counties have not availed themselves of this opportunity to increase the fringe benefits for professional and other personnel employed in local health departments. The Division of Local Health Services has sent communications to all counties encouraging their

participation in this retirement plan and have notified the 14 counties that if they do not participate, a slight reduction in the allocation of state funds will be made.

### 3. Example of Anticipated Need

Using a working draft formula provided by the Public Health Service, a study has been made of Wake County as an example of the expected need for additional nursing personnel when participating in home health services under the "Medicare" program. In this county of approximately 190,000 population, there are now 25 nurses employed in the local health department (where the national recommended number would be 38 to offer only basic public health nursing services) and 5 nurses employed by the school systems under the Elementary and Secondary Education Act, Title I. On the basis of the estimated population over 65, only, to provide home health services under "Medicare" there needs to be an additional 13 nurses. This does not take into account the fact that nurses will also be providing care to all persons ill or disabled at home. In order to meet recommended standards, 76 nurses would be required to provide home health services and comprehensive public health nursing services. We recognized that this is most unrealistic for two reasons: there are not that number of nurses available for employment and the counties are not able to budget this large increase in personnel because of the shortage of local tax funds.

### 4. New Types of Personnel

In order to alleviate the critical shortage of professional nursing service, the State Board of Health and the State Personnel Department have provided for new classifications of personnel to provide patient care. These include the new classification of the licensed practical

nurse employed in public health and the home health aide. Reclassification of the registered nurse without professional preparation has been achieved so that this professional nurse may be employed to assist the public health nurse in providing bedside care in the home and in offering clinic services in the health department. County health departments are being urged to recruit and employ these sub-professional people in order to assist the professional nurse in carrying out the increasing demands for service. However, there is reluctance on the part of many local health departments to employ such personnel since they lack qualified public health nursing supervision and medical direction and feel that this would put in jeopardy the kind of service offered to our people.

#### 5. District and Regional Planning

Many counties in North Carolina do not have a local health director and are limited to one or two professional nurses to provide health and medical services to the residents of the county. Every effort is being made by the State Board of Health to consolidate the smaller counties into districts and to employ well-qualified professional public health directors and public health nursing supervisors in order to improve the quality and quantity of service needed and demanded in the smaller counties. Well-prepared physicians and nurses who are needed to give leadership and guidance to other staff personnel are in very short supply. Therefore, it is recommended that we make the best possible use of those persons available who have the qualities necessary to guide and direct health programs. For this reason, it seems imperative that we work toward establishing district and/or regional units which will insure better utilization of this type of personnel.

One deterrent to this approach appears to be the residency requirement in a few of the counties. Some counties will not employ personnel who are not residents of that county, which means that they are losing the opportunity of recruiting prepared people who must, because of personal and family reasons, live in another county but could commute and work in the county where the vacancy exists.

6. Coordination of Health and Medical Services Provided by Tax Money Other than Public Health Appropriations

The use of federal money in local county units for financing health and medical services to selected population groups has proved to be a serious problem in the recent past and this will continue. This presents a problem, not only in the employment and utilization of nursing personnel, but also in the duplication, fragmentation and lapses in providing service to the people. Examples of the complication of the problems are implicit in the funds allocated by the Office of Economic Opportunity and the Department of Education in Title I of the Elementary and Secondary Education Act. These federal funds are being used locally to employ nurses and other professional personnel at a higher salary than is authorized by the State Personnel Department or could be provided for by the local official agencies in the counties. Competition for the employment of these essential personnel is very keen, and it seriously affects all patient care facilities including hospitals and nursing homes as well as home care services. It is estimated that more than 140 nurses have been employed under ESEA funds, and many of these nurses are working in the local school systems without discernible medical direction and nursing supervision. If the optimum use of the available nursing personnel is to be achieved, some means of reconciling this discrepancy in the utilization and compensation of professional nursing personnel must be found.

Many of the professional nursing personnel employed under such Federal projects are not actually carrying out professional nursing functions, and this appears to be a gross misuse of professional personnel. Less well prepared people, with appropriate training, could be doing the functions and duties which are now being forced upon nurses and which do not require professional preparation in nursing to perform.

Efforts have been made to coordinate the activities of the State Board of Health with the personnel in the Department of Education and in the CEO programs. On the local level in many instances close cooperation and planning has been achieved, but in most instances these Federal projects are operating independently of the already existing official health and welfare services.

## II. State Board of Health

### 1. Present Situation

At present there are thirty (30) budgeted positions for nurses in the State Board of Health of which sixteen (16) currently are unfilled. Qualification for employment at the state level is of a much higher standard than that required for most of the positions in the local health departments and are also higher than many of the surrounding states within the southern region. Competition for the recruitment and employment of qualified public health nursing personnel for these positions is very keen among all states.

Salary scale and fringe benefits under the State Personnel Department have not been competitive with those of many other states recruiting for this scarce group of nurses. Currently, the grade classification and salary schedule for each classification of nurses at the state level is

The North Carolina Medical Care Commission has informed the State Board of Health that nurses who are admitted to a nationally accredited collegiate school of nursing may apply for an annual loan up to \$1,000 for professional education. This \$1,000 covers only the tuition and fees. Funds must be found for providing a living subsistence in addition to paying the tuition and fees. Most of these nurses have family responsibilities and are not able to do without salary unless they have a monthly stipend.

It is well recognized that the Governor of North Carolina has supported training opportunities for the citizens in North Carolina to prepare in professional areas. It is hoped that this will be encouraged and extended for full-time study and that arrangements can be made for public health nurses to utilize whatever state and federal funds could be made available for this purpose.

(b) Inservice Education

Another need in the area of education is that of inservice training. With the advent of home care to the chronically ill and aged, the currently employed public health nurses are at a great disadvantage since they need to have their nursing skills and knowledge up-dated and expanded to meet modern nursing and medical practice. Although inservice education has been a continuing responsibility of the state and local health departments, for many years, this needs to be extended extensively particularly in the areas of chronic disease and rehabilitation nursing. Training funds are not available within the State Board of Health for this purpose and other ways must be found to provide such inservice education for the current employee.



being reviewed and recommendations are being made for reclassification and higher salary schedules.

2. Coordination of all Nursing Personnel at the State Level

A new look is being given to the types of positions for which nurses are being recruited and efforts are being made to coordinate the nursing personnel in the State Board of Health so that there will be no duplication and overlapping of assignments and that the best possible use of qualified nurses to provide consultation and service to local health departments can be provided. This may require a reorganization of the Public Health Nursing Section within the State Board of Health in order to achieve maximum use of the available nursing personnel.

3. Education Needs

(a) Preparation in Public Health Nursing

At the present time, federal funds for professional training in public health nursing are limited to graduate education beyond the B.S. level. A registered professional nurse, graduating from a three-year diploma school of nursing, does not receive preparation in public health and does not qualify for a position as a public health nurse. In order to be professionally prepared, this nurse must return to college for approximately three years to complete the B.S. degree in nursing which includes preparation in public health nursing. Federal funds are not available for this type of nursing education until the senior year and time when the nurse is engaged in the public health nursing component of the curriculum.

Such prepared nurses are urgently needed in local health departments in order to provide professional guidance to less well prepared nurses and sub-professional nursing personnel.

(c) Sub-professional Training for Health Personnel

The N. C. Community College System has been extremely supportive and helpful in assisting the State Board of Health to work out plans for training home health aides. They have developed a curriculum for Home Health aides and this is now available in all of the community colleges and technical institutes within the state. This course can be obtained at no cost to the students and recruitment is on a local basis.

Plans for the orientation and on-the-job training of the licensed practical nurses have also been developed jointly with the Community College System. A course outline and suggested methods of training is available to all local health departments where this training will be provided by the present public health nursing staff, and consultation is available from the community college system.

4. Merit System Examination Requirements

Nurses employed under the State personnel department are the only nurses in the state required to take an additional examination for employment after passing the state licensure examination. Many nurses, otherwise well qualified for positions in public health nursing services, have not been able to pass the examination which is now being offered for the general duty nurse. Investigation around the Southern region reveals that a number of states have already discontinued the requirement of merit system written examination and have replaced this with the "un-assembled examination", in which all of the transcripts from nursing schools and other colleges, letters of reference, state board examinations results, and other data are assembled and evaluated in terms of making a judgment concerning the employment of an individual nurse.

The Public Health Nursing Section, N. C. State Board of Health, has requested that serious consideration be given to discontinuing this requirement for employment in North Carolina on the basis that this is a serious deterrent to recruitment of professional and licensed practical nurses into public health. Many nurses refuse to take the examination on the basis that they are already licensed to practice and could find a position elsewhere where these additional burdens would not have to be faced. These requirements, in addition to transportation needs, usually involving use of a personal car, further the complications of recruitment of this type of personnel.

### III. Recommendations:

1. Recommend that the state give substantially extended assistance to local health departments in the way of increased financial support in order to upgrade the salaries of nurses employed in local health departments and bring them up to at least the minimum state recommended salary schedule.
2. Recommend that every effort be made from the state level to assist local health departments in providing retirement plans for their employees under the N. C. Local Governmental Employee's Retirement System.
3. Recommend that serious consideration be given to the consolidation and organization of districts for health departments to "cut across" jurisdictional boundaries in order to provide for coordinated planning, improve the medical and nursing supervision, provide expanded comprehensive health and medical services, and better utilize the qualified professional personnel which are available.
4. Recommend that state and county units continue to promote and encourage the recruitment and utilization of non-professional personnel under adequate supervision.

5. Recommend that the state consider some type of mechanism to control the utilization of nursing personnel to the best advantage for all nurses employed under any auspices - federal, state, or local funds. This would include compliance with State Personnel Department classifications and qualifications for the various types of nursing personnel and equality in salaries commiserate with the qualifications of the individual and responsibility assumed in the position.
6. Recommend that the General Assembly consider the possibilities of extending financial assistance to qualified nurses for professional education in an accredited school of nursing. This should include the living expenses as well as supplementing the cost for the education itself.
7. Recommend that the requirement for passing a written examination for employment be discontinued and that nurses be employed on the basis of an "unassembled examination" since it is recognized that the requirement for a registered professional nurse and licensed practical nurse to take the merit system examination is a deterrent to recruitment.
8. Recommend that continued efforts be made by state and local official bodies to continue to upgrade and increase the salary scales for nurses and sub-professional health personnel working in public health.

Appendix M

TO N. C. LEGISLATIVE RESEARCH COMMISSION  
REGARDING NURSES TRAINING SCHOOLS

Since the shortage of registered nurses in North Carolina is generally recognized, I would like to present to you some of the problems facing nurses training schools today. I have been a member of the Board of Trustees and Chairman of the Finance Committee since our new 100 bed hospital, Northern Hospital of Surry County, opened nine years ago. It is hoped that having these facts might help you in arriving at your recommendation concerning this problem.

As a matter of background, we in Mount Airy have had Martin Memorial School of Nursing for forty-three years. During this time, 315 nurses have been graduated, and we have forty-six students enrolled today. Originally there was no tuition. After the first year the students were paid a small monthly salary. Because of the work they performed in the hospital, the program was self-supporting. They had 15 hours of classroom instruction and 57 hours of hospital duty per week.

Today we face an entirely different situation. The student has 20 hours classroom instruction and 20 hours hospital duty per week. All these figures are averages; they vary between 1st, 2nd, and 3rd year students. The net cost today, over and above tuition charges and credit for services rendered, is approximately \$1,200 per year per trainee, or \$51,000 in our case. This amounts to 7% of the

total cost of operating our hospital. To state this another way, we might say that we must add \$1.96 to every patient's bill every day just to support our nurses training program.

With the above figures in mind, it is easy for me to understand why training schools continue to close and no new schools open. It is hard to justify the continued operation of any individual training school due to the fact that a majority of the graduates leave the local school to accept positions in other hospitals throughout the state.

This is obviously a state-wide problem and should be financed as such. With adequate assistance, there is every reason to expect more hospitals to open or re-open nurses training schools. Without assistance, it appears that more and more schools will be forced to close as a matter of financial necessity.

We urge the Legislative Research Commission to recommend that the 1967 General Assembly come to the aid of the hospital nursing schools and the Community College nursing programs.

Hugh L. Merritt  
House of Representatives  
37th District

Appendix N

REPORT TO  
THE LEGISLATIVE RESEARCH COMMISSION  
ON  
THE LEGAL AND LEGISLATIVE CONSIDERATIONS  
INVOLVED IN STATE FINANCIAL SUPPORT OF  
DIPLOMA NURSING PROGRAMS BY MEANS OF CONTRACTS WITH  
HOSPITALS BY THE STATE BOARD OF EDUCATION

August 12, 1966

David G. Warren  
Institute of Government  
The University of North Carolina  
at Chapel Hill

This report is submitted in response to the request of June 29, 1966, by Senator Thomas W. Seay [Chairman of the Legislative Research Commission's Committee to Study Shortages in Medical Personnel in the State] for the Institute of Government to make a study of the legal aspects and feasibility of the following proposition:

That the 1967 General Assembly provide funds to the State Board of Education whereby the Board might contract with hospitals for the conduct of nursing schools, in the same manner in which the Board now provides assistance to the community colleges.

The study was based on the premise that the intent of the proposition is to provide a means for giving State financial aid to selected hospital schools of nursing in order to sustain or improve the training ability and capacity of their diploma nursing programs.

## I. ALTERNATIVE METHODS

There are two basic alternatives suggested by the proposition for effecting a program of financial assistance to hospital diploma nursing programs:

A. Contracts between community colleges or technical institutes (hereafter referred to as "local institutions") and hospital schools of nursing, utilizing the existing statutory machinery and administrative procedures of the community college and technical institute system whereby hospital schools could provide diploma nursing education programs on behalf of local institutions under money payment contracts with the boards of trustees of the various local institutions:

B. Contracts between the State Board of Education (hereafter referred to as "Board") and hospital schools of nursing, establishing new authority



and procedure paralleling the present relationship between the Board and the various local institutions, so that the Board could contract directly with the hospital schools to pay certain costs in providing nurse education programs at those schools.

## II. POSSIBLE LEGISLATION

The legislative action indicated for implimenting these two alternatives is as follows (in addition to appropriations made to the Board for the purpose):

### A. Contracts between local institutions and hospital schools of nursing.

1. Broaden the function of "community college" and "technical institute" as stated in G. S. 115A-2(2), and (3), respectively, so as to include the offering of three year diploma nursing programs.

2. Expand the powers and duties of the boards of trustees of the local institutions, as provided in G. S. 115A-14(6), so as to include authority to provide instructional services, facilities, equipment and supplies, and other parts of education programs by contracting with other public or private educational institutions of the state, according to regulations and standards adopted by the Board [authority to contract only for "instructional services" is presently provided].

3. Amend the list of purposes in G. S. 115A-18 for which Board funds may be provided to local institutions to declare expressly that Board funds may be used for financing education programs, or specific parts of education programs, which are provided under contracts with other public or private educational institutions.

4. Declare that no state funds disbursed under these provisions are to be used for religious purposes.

- (e) provisions declaring that no State funds are to be used for religious purposes.

### III. DISCUSSION

#### 1. Authority of the Board to Contract.

The constitutions of the State of North Carolina and the United States and the General Statutes of North Carolina were examined to determine the authority or limitations on the authority of the Board to contract, particularly in regard to private hospital schools.

##### (a) Constitutional provisions generally.

The Board is given the power and responsibility to supervise and administer the public school system of the State by Article IX, section 9 of the North Carolina Constitution. No reference is made in the Constitution to the relationship of the Board to private schools. However, the North Carolina Supreme Court has given some guidelines:

"[The Board] may have and exert only such authority in the supervision and control of private schools and their agents and representatives as is conferred by the General Assembly in the proper exercise of the police power of the State." [State v. Williams, 253 N.C. 337, 341 (1960)]

Thus the Constitution does not expressly grant the Board the kind of authority necessary for carrying out the proposition under study. But neither does it proscribe the General Assembly from granting the Board the power to contract with or impose regulations on private schools, including hospital schools of nursing.

##### (b) Present statutory provisions generally.

The Board is given various powers and duties throughout G. S. chapter 115. A list of general powers and duties is provided in G. S. 115-11, which applies

5. Insert statutory provisions (or, alternatively, make provisions in Board regulations) as to policy regarding contracts with hospital schools located outside the boundaries of the local institution's administrative area (the county or counties providing financial support).

B. Contracts between the Board and hospital schools of nursing.

1. Establish new statutory provisions outlining a procedure whereby the Board may contract with hospital diploma schools of nursing. These provisions could be broadly stated and authorize the Board to adopt rules and regulations in a manner similar to that now provided under the community college-technical institute system. Nevertheless, statutory provisions should probably contain at least the following general items:

- (a) express authority for the Board to contract with hospital diploma schools and make payments of Board funds under such contracts;
- (b) basic procedure for hospital schools to request the Board to engage in contracts;
- (c) policy guidelines on which the Board may award contracts, or guidelines on which the Board may establish rules and regulations specifying standards and conditions to be met by the contract hospital schools [reference might be made to the State Board of Nursing for supplying information or for establishing or recommending standards and conditions];
- (d) items for which the Board may make payment under contracts (e.g., instructional services, maintenance or operation of plant, cost of supplies and equipment);

primarily to the public school system and is not relevant to relationships with private hospital schools.

The Board, acting by and through the Superintendent of Public Instruction, is given the responsibility for regulating and licensing certain private business, trade and correspondence schools under G. S. Chapter 115, Article 31.

There is no specific power in these sections for the Board to contract with private hospitals to carry out a nurse education program.

There does appear to be authority in G. S. chapter 115A for the Board to establish procedures for community colleges or technical institutes to contract with hospital schools. Some modifications to the provisions of that chapter may be required, as discussed below.

## 2. The Community College-Technical Institute System.

Under G.S. chapter 115A the Board was given responsibility by the 1963 General Assembly to establish and administer a system of community colleges, technical institutes and industrial education centers, separate from the free public school system of the State.

### (a) Present provisions.

Procedures are spelled out in G. S. 115A-18 for State financial support in terms of certain capital outlays (on an equal matching basis with local funds) and specified current expenses of an institution. The tax levying authority (the boards of commissioners of the single-county or multiple-county administrative area) where an institution is located is responsible for providing adequate funds to meet the financial needs of the institution for certain other budget items, as specified in G. S. 115A-19. These state and local funds (including federal aid allocated through the Board) are credited or disbursed to the boards of trustees of the institutions in

accordance with the procedures of G. S. 115A-29 and under policies and regulations established by the Board. The funds are then disbursed by the institutions only on warrants signed by two employees of the institution approved by the Board. The institutions' trustees purchase all supplies, equipment and materials in accordance with contracts made by or with the approval of the Department of Administration. The institutions' trustees elect or employ the faculty and other personnel of the institutions, subject to standards set by the Board.

Among other powers the Board has authority with respect to individual institutions:

- (a) to approve sites, buildings, building plans, budgets;
- (b) to approve the selection of the chief administrative officer;
- (c) to establish and administer standards for professional personnel, curricula, admissions, and graduations;
- (d) to regulate the awarding of degrees, diplomas, and certificates;
- (e) to establish and regulate student tuition and fees and financial accounting procedures. [G. S. 115A-5]

The Board has been given broad authority to regulate and administer the system:

[The Board] may adopt and execute such policies, regulations and standards concerning the establishment and operation of institutions as the Board may deem necessary to insure the quality of educational programs, to promote the systematic meeting of educational needs of the State, and to provide for the equitable distribution of State and federal funds to the several institutions. [G. S. 115A-5]

Under this existing authority the Board would seem to be able to establish procedures whereby contracts could be made by the local institutions with hospital schools, under prescribed conditions and standards, to conduct nursing education programs as part of the institution's curriculum.

These programs would essentially be the local institution's program being conducted by the contracting hospital school.

The local institution's boards of trustees have authority under G. S. 115A-9 "to enter into contracts" and under G. S. 115A-14(6),

to provide all or part of the instructional services for the institution by contracting with other public or private educational institutions of the State, according to regulations and standards adopted by the State Board of Education. [emphasis added]

(b) Modifications.

There is, however, no express authority for the local institutions to contract for the use of clinical facilities or other aspects of a nurse education program. As described in the list of items in G. S. 115A-18(2) for which Board funds may be used, "instructional services" includes the following:

- a. salaries and travel of instructional staff and clerical employees,
- b. instructional supplies and materials,
- c. commencement expenses,
- d. other costs of instructional services approved by the Board.

To clarify the authority of the local institutions to contract out the total nurse education program, or portions of it, G. S. 115A-14(6) could be modified to include instructional services, facilities, equipment and supplies and other parts of education programs.

In addition the list in G. S. 115A-18(2) could be modified to state expressly that Board funds may be used for financing education programs (or specific aspects thereof, such as instructional services, facilities, equipment and supplies) which are provided under contracts with "other public or private educational institutions."

A modification that would seem to be necessary for the Board to use the present community college system machinery to carry out a contractual program with hospital schools is in the scope of curricula permitted. The definitions of "community college" and "technical institute" in G. S. 115A-2 do not expressly allow the offering of three year diploma nursing programs. Both may offer "vocational, trade and technical specialty courses and programs" and community colleges may offer "freshman and sophomore courses of a college of arts and sciences." Two-year associate degree nursing programs in community colleges are encompassed by the authority to offer "the freshman and sophomore courses of a college of arts and sciences" in G. S. 115A-2. Whether such authority contemplates three-year diploma nursing programs is doubtful.

(c) Board contracts with hospitals.

It would seem that the authority and procedures described above could be used as a guide in enacting new provisions so that the Board could contract directly with hospital schools of nursing to carry out diploma nurse education programs. The procedures could parallel to some extent those presently provided except that the hospital school would be substituted for the local institution as the recipient of Board funds.

This approach may involve the Board in regulation and concern with internal administration of the hospital schools to a greater extent than would the local institution-hospital school approach.

3. Regulation of Private Schools of Nursing.

The community college system would not seem to have been intended to be used as a means of regulating private hospital schools. The legislature has placed the responsibility for accrediting and otherwise regulating nursing education programs in the North Carolina Board of Nursing in G.S. Chapter

90, Article 9. Reference to this board's standards and requirements could be made to provide the State Board of Education a means of awarding contracts to hospital schools of nursing.

An alternative would be for the legislature to authorize the Board to set its own specific standards and requirements for the contracting hospital schools to meet, provided the legislature set out adequate guidelines. The present guidelines for the Board may or may not suffice, in G.S. 115A-5:

[The Board] may adopt and execute such policies, regulations and standards concerning the establishment and operation of institutions as the Board may deem necessary to insure the quality of educational programs, to promote the systematic meeting of educational needs of the State, and to provide for the equitable distribution of State and federal funds to the several institutions.

To the extent that the Board would be undertaking regulation of the contracting private schools of nursing, there would seem to be a need for additional legislative standards to be established because of traditional limitations on delegation of legislative authority. The Court consistently holds that the legislature must provide fixed standards or guides to agencies in carrying out regulatory functions. [See, e.g., *Harvell v. Scheidt*, 249 N. C. 699 (1959)]

But to the extent that the Board would be engaged in simply controlling the contracting out of education programs under the Board's specified conditions, additional legislative standards would not appear indicated.

#### 4. Expenditures for Public Purposes.

The authority that might be given the Board to contract with hospital schools of nursing and to make payment to them would be founded upon the general power of the State to tax and spend for public purposes. [N. C. Const. art V, sec. 3] The question then is whether State expenditures for support of diploma nursing education programs would be for a public purpose.



The courts have long wrestled with the term, and the generalizations which have been developed are of little aid in solving specific problems. In Briggs v. Raleigh, [195 N. C. 223 (1928) (sustaining donation of land for State fairgrounds)], the Court said, "[T]he term 'public purpose' is not be be construed too narrowly." [Id. at 226] The Court went on to say that expenditures "shall be for some public service, or some object which concerns the public welfare." [Id. at 228]. But it also added this:

[T]he power of taxation may not be employed for the purpose of establishing, aiding or maintaining private business enterprises, whose sole object is the individual gain of the proprietors, no matter how beneficial to the community such enterprises may be. [Id. at 228]

While prediction is not safe as to this question, nevertheless it seems likely that the Court would sustain the proposed expenditures under such contracts. Often quoted as a guide in making these determinations is this statement from Green v. Kitchin, 229 N. C. 450 (1948), upholding special training for policemen:

A tax or an appropriation is certainly for a public purpose if it is for the support of government, or for any of the recognized objects of government. [Id. at 455]

And an object of government is certainly education. The State Constitution declares, "[S]chools and the means of education shall forever be encouraged." [N. C. Const. art. IX, sec. 1]

Further, there is particular deference paid by the courts to the legislative determination of what constitutes a public purpose. "The determination of what is and what is not a public purpose belongs, in the first instance, to the legislative department." [Briggs v. Raleigh, 195 N. C. 223, 230 (1928)] The same principle is evident in the federal courts' review of state determinations. [See, e.g., Cochran v. Louisiana State Board of Education, 281 U. S. 370 (1936) (upholding free textbooks for private school students)].

A related constitutional consideration is the restriction against "exclusive or separate emoluments or privileges . . . but in consideration of public services." [N. C. Const., art. I, sec. 7] This provision, as well as the federal Fourteenth Amendment, might be violated if the contracts were awarded on some basis other than criteria applied equally. These restrictions do not, however, preclude the legislature from making classifications or setting standards in the application of the laws, provided they are not "capricious, arbitrary, and without reasonable relation to the end sought." [Motley v. Board of Barber Examiners, 228 N. C. 337, 345 (1947)]

5. The Church-State Problem.

A constitutional problem which is raised by the proposition under study is the question of state aid to church-related institutions. If the Board were to contract with a church-operated or affiliated hospital to assist it in carrying on a nursing education program, the contract might be interpreted as a form of State aid. Some of the present hospital schools of nursing are closely connected with or are actually owned and operated by religious bodies (e.g., Mercy School of Nursing in Charlotte and N. C. Baptist Hospital Nursing School in Winston-Salem).

The Maryland Supreme Court recently ruled that state aid to three church-related colleges was violative of the First Amendment to the U. S. Constitution, which prohibits the state or federal "establishment" of religion and guarantees the "free exercise" of religion. [Horace Mann League v. Board of Public Works, Maryland Court of Appeals, 34 U.S.L. Week 2689 (June 2, 1966)] This case is now on appeal to the U. S. Supreme Court.

The Court's determination in that case may or may not have a bearing on the proposition under study. The Court has previously taken the position that financial aid aimed at furthering education, and benefiting religion in

church-related schools only incidentally, passes the constitutional test. In Bradfield v. Roberts [175 U.S. 291 (1899)] the use of a Congressional appropriation to construct two buildings on the grounds of a hospital owned and operated by a Roman Catholic order was sustained against a direct attack on First Amendment grounds. In Cochran v. Louisiana State Board of Education [281 U.S. 370 (1930)] the use of state tax funds to purchase school books for all the state's children, including those attending private sectarian schools, was upheld. And in Everson v. Board of Education [330 U.S. 1 (1947)] the Court sustained the decision of a local school board to reimburse parents for the fares paid in bussing their children to schools, including a parochial high school. If this line of cases is followed (and Everson is the most recent case involving such a governmental appropriation of funds), it would seem that a contract by the Board with a church-operated hospital, under which only the nursing education program receives State aid, would be free from serious attack. It may, however, clarify policy if the legislation provided that no State funds are to be used for religious purposes.

6. Precedents for Relations Between the Board and Private Hospitals.

The Board has already had some experience through the community college and technical institute system in contracting with private hospitals for some aspects of nurse and practical nurse education.

Under the present Associate Degree Nursing Programs in the community colleges, various local working arrangements are embodied in agreements between hospitals and community colleges. These agreements at present involve no exchange of money payments, but simply spell out the responsibilities of each for the educational program, clinical and classroom facilities, equipment and matters relating to the students (uniforms, health care, evaluation,

etc.). Guidelines for such agreements are furnished by the Vocational-Technician Division of the Board's Department of Community Colleges.

A similar working agreement procedure is carried on for the Practical Nurse Education Program between hospitals and technical institutes.

In addition there are at present in two locations arrangements whereby technical institutes furnish instructors for certain courses (e.g., psychology, chemistry, math) for hospital practical nurse programs. A certain fee based on the number of students is charged the hospital by the technical institutes. Reportedly, instructional arrangements similar to these had been in effect in years past under prior vocational education programs under which no charge was made the hospitals. Now contracts for instruction are in operation through the Asheville-Buncombe Technical Institute and the Richmond Technical Institute. [This information was given by Miss Miriam Daughtry, State Supervisor, Health Occupations, Department of Community Colleges.

#### 7. Contracting Across County Lines.

As presently provided, local support for a community college or technical institute is derived from a "tax levying authority." This authority is defined in G. S. 115A-2(7) as the board of commissioners of the county (or all the boards of commissioners of counties acting jointly) where the local institution is located and which provides financial support.

There are possible political and perhaps some minor legal problems involved should a local institution in one county attempt to contract with a hospital school in another county to provide a nurse education program in that hospital. Nevertheless, if the funds for the contract were provided by the State Board of Education, there would be no financial obligation on the part of the tax levying authority of the local institution.

There are at present no statutory provisions regarding contracts of local institutions across county lines, but none seem legally necessary.

8. Form of the Contract.

There are several forms the contracts between the Board or local institutions and the hospitals could take within the statutory authority provided and the established guidelines and standards. The form would be a matter of policy determination. It could provide that instructors would be furnished or paid by the Board or local institution, that clinical equipment or facilities would be rented or bought by the Board or local institution, or that other specific items would be financed by the Board or local institution. It could provide that lump sums for general nurse education program support be given the hospital school in return for training nursing students. The lump sums could be based on a student ratio or some other formula. The contract could require that certain standards be achieved by the hospital schools and that certain conditions be met. These are considerations on which professionals in the health and education fields would be able to make a contribution. They are questions of policy determination rather than legal consideration.

**NORTH CAROLINA STATE NURSES' ASSOCIATION**

**Statement for the North Carolina Legislative Research  
Commission on Shortage of Nurses**

August 12, 1966

Presented by  
Margaret B. Dolan, R.N.

The North Carolina State Nurses' Association appreciates the opportunity to appear before the Legislative Research Commission to give a brief resume of the statement we submitted to your subcommittee on June 28.

North Carolina, as well as the entire nation, is indeed faced with an acute shortage of nurses. There are hundreds of budgeted nurse positions unfilled in North Carolina hospitals and other agencies and institutions employing nurses.

The shortage of registered nurses is only part of the picture. All of the health professions and health occupations are experiencing a shortage of qualified personnel. The shortage of nurses is, however, more acute and perhaps is receiving more public attention and concern because nursing service is the principal service rendered by the hospital and nurses numerically are the major segment of all health personnel. Nursing is the only professional service that is provided on a twenty-four hour, seven day week, basis.

There are several contributing factors to this shortage of nurses. They include:

1. Increased number of hospital beds and health facilities which Hill-Burton funds have made possible.
2. Greater utilization of hospital facilities as a result of prepaid hospital insurance.
3. More lucrative career opportunities in the health field have reduced the percentage of young people choosing nursing as a career.
4. Improper utilization of professional nursing personnel.
5. Low economic status of those employed in nursing.

There is no doubt that the greatest single factor in the shortage of nurses is the economic factor. It is a deterring factor in recruitment of young people into the nursing profession and it discourages qualified nurses from remaining in nursing practice. The general duty nurse in North Carolina hospitals has to work irregular hours, unpopular shifts and weekends, carries awesome responsibilities, and is paid an average of only \$350 a month. This is an hourly wage of about \$2.19. No occupation of comparable responsibility is as poorly compensated. The average bricklayer in North Carolina earns about \$3.00 per hour. In visits to eight hospital departments of nursing in response to requests for consultation, a member of the staff of the N. C. Board of Nursing reported a range of beginning salaries from \$295 to \$375 per month. In only one place were salaries found to meet the minimum standard established by the North Carolina State Nurses' Association. These hospitals varied in size from 39 beds to 425 beds.

The nursing profession in this state for some time has carried out a three-pronged program to improve the nursing shortage: (1) seeking to attract the inactive nurse back into nursing, (2) promoting refresher courses for these inactive nurses, and (3) seeking to improve working conditions.

Some progress has been made, however, despite the many difficulties that face us. But more needs to be done, and the rate of progress must be accelerated. In 1965 there were 12,321 active registered nurses employed in North Carolina as compared to 8,139 in 1955. This represents an increase of 4182 active registered nurses in a ten year period. However, the educational preparation of the practicing registered nurse in North Carolina is low. Approximately nine per cent of the registered nurses hold baccalaureate or higher degrees. This is the same percentage as that of three years ago. There has been some improvement in the preparation of nurse faculty members. In 1962, 52 per cent of the faculty members held a baccalaureate or higher degree while in 1966 approximately 68 per cent of

faculty members were prepared at this level. Today, in North Carolina there are 37 state accredited educational units in nursing with 5 more provisionally accredited. All 42 schools are preparing candidates for licensure as registered nurses. There are more students enrolled in the 37 schools of nursing than there were some years ago when there was a larger number of schools.

An important concern is the quality of the educational programs provided by these schools. We have not produced a nurse who can provide nursing service until she is licensed to practice. Results of the licensing examination in April 1966 leading to R.N. certification were disappointing. There was a 48 per cent failure rate among the candidates who wrote the licensure examination for the first time and a 65 per cent failure rate among the candidates who were writing the examination for a second or third time. This represents a waste we cannot afford or allow to continue. Every effort must be made to upgrade the quality of our educational programs so that a much higher percentage of graduates from these schools of nursing can meet licensing requirements. The N. C. Board of Nursing believes that the goal for a passing percentage for first time writers should be 90 per cent or better.

There is no doubt that the national trend is the development of nursing education programs in the system of higher education. North Carolina is moving in this direction. The State is now providing support for 5 baccalaureate programs and 5 associate degree programs in nursing in state supported colleges and university units. There are two additional associate degree programs which will be opening within the year.

There are 26 diploma programs currently operating in the state with a total enrollment of 1773 students; 7 baccalaureate programs with an enrollment of 976 students; and 5 associate degree programs with 196 students. Three of the 5 associate degree programs were in their first year of operation when these figures



were obtained in March 1966. It becomes obvious that more and more young people are seeking education beyond high school in programs offered by an educational institution.

It is the belief of the North Carolina State Nurses' Association that the State of North Carolina should continue to support and provide resources for expansion of the existing state supported nursing education programs. There is also need for state support for those diploma schools of nursing who meet criteria established by an appropriate educational body of the state.

There is evidence that students are attracted to nursing education programs that meet national standards for accreditation. In July 1966, there were 1685 students enrolled in the 10 nationally accredited schools in North Carolina, and there were 1333 students enrolled in the remaining 23 schools that had not received national accreditation.

Figure 1. Enrollment in Schools of Nursing in North Carolina by National League for Nursing Accreditation Status as of July 1966.

	NLN Accredited		Non-NLN Accredited	
	No. Schools	Enrollment	No. Schools	Enrollment
Baccalaureate	3	645	4	296
Diploma	7	1040	19	1037
Total	10	1685	23	1333

In 1965 when there were 8 schools of nursing in North Carolina with NLN accreditation, there were 284 graduates from these schools who wrote the licensing examination. There was an 11 per cent failure rate. During the same period there were 394 graduates from the 26 schools without NLN accreditation who wrote the licensing examination with a 34 per cent failure rate. As a result the 26 schools contributed only 8 more licensed registered nurses to the state than did the 8

nationally accredited schools. These figures indicate that the State of North Carolina may expect the best return for its investment, and contribute more to alleviating the shortage of licensed registered nurses for practice in this state, by contributing to the support of those schools of nursing who meet some standard of quality in their educational programs.

Modern medical science demands new standards of quality in nursing care as well as adequate number of nurses. Improvement in our nursing education programs must go hand in hand with the increase in the numbers of nurses available for nursing service.

The nursing profession is grateful to the General Assembly of North Carolina for its initial investment in nursing education in the six baccalaureate programs and the six associate degree programs it already is supporting. We sincerely hope the General Assembly will be able to increase this support for all schools of nursing that are able to demonstrate the desire and capacity to provide sound programs of nursing education.





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